

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

April Session of the April Adjourned

Term. 20 19

In the County Commission of said county, on the 9th day of April 2019  
the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby acknowledge the following budget amendment from the 13<sup>th</sup> Judicial Circuit Court to increase funds for the Juvenile Detention Alternatives Initiative (JDAI) grant.

Department	Account	Department Name	Account Name	Decrease \$	Increase \$
1243	3451	Judicial Grants	State Reimbursement		1,000
1243	37230	Judicial Grants	Meals/Lodging		1,000
					2,000

Done this 9th day of April 2019.

ATTEST:

*Brianna L. Lennon*  
Brianna L. Lennon  
Clerk of the County Commission

*Daniel K. Atwill*  
Daniel K. Atwill  
Presiding Commissioner

*Fred J. Parry*  
Fred J. Parry  
District I Commissioner

*Janet M. Thompson*  
Janet M. Thompson  
District II Commissioner



<b>State of Missouri</b> Office of State Courts Administrator Administrative Services Division	<b>Issue Date</b>	Award Amount
	March 11, 2019	\$ 1,000.00
	<b>Contract Period</b>	
	3/11/19 to 10/15/19	

**Juvenile Detention Alternatives Initiative - JDAI**

OSCA has received approval through the Annie E. Casey Foundation for Juvenile Detention Alternatives. A maximum of \$1,000 is available to each JDAI site for expenses not covered by Title II, county funds or additional JDAI awards. Funding is available to develop plans for the time period of January 16 - October 15, 2019, to address expenses for site travel, training and meal expenses for collaboration meetings. Proposals may include expenses for personnel to visit Missouri demonstrations sites and expenses for internal training focused on the model strategies. This plan may also include expenses for supplies, minor equipment or contractual services.

<b>Contract Number</b>	<input checked="" type="checkbox"/> Original Contract
OSCA 19-00180-03	<input type="checkbox"/> Contract Amendment

<b>Court/Recipient Information:</b>	<b>Project Director:</b>	<b>OSCA Program Contact</b>
The Honorable Kevin Crane Presiding Judge Thirteenth Judicial Circuit 705 East Walnut Street Columbia, MO 65201	Tara Eppy Superintendent Robert Perry Juvenile Justice Center 5565 Roger I. Wilson Memorial Drive Columbia, MO 65202	Lisa Struempf 573-522-2437
		<b>OSCA Fiscal Contact</b>
		Shelly Peters 573-522-2751

Special Conditions of this award are attached.       There are no special conditions of this award. Original RFP requirements only.

Funding approved for meeting expenses to support collaboration meetings.

Funding requested: \$1,000.00      Funding approved: \$1,000.00

**Please Sign, Date and Return by e-mail or mail to:**

Office of State Courts Administrator  
osca.contracts@courts.mo.gov  
Attn: Contracts Unit  
P.O. Box 104480  
Jefferson City, MO 65110 - 4480

**In witness thereof, the parties below hereby execute this agreement.**

Appointing Authority Signature <i>Mary Eppms</i>		OSCA Signature [Redacted]
Printed Name Mary Eppms	Date 3/11/19	Printed Name Earl Kraus
Presiding Judge Signature <i>Kevin Crane</i>		Title Deputy State Courts Administrator
Printed Name Kevin Crane	Date 3/11/19	Date [Redacted]

## Annie E. Casey Foundation - Juvenile Detention Alternatives Initiative

OSCA has received approval through the Annie E. Casey Foundation for Juvenile Detention Alternatives. Awards of \$1,000.00 per JDAI site is available for expenses not covered by Title II, county funds or other JDAI awards. Additional funds may be requested as needed and if funding is available. Funding is available to develop plans for the time period of January 8, 2019 - October 15, 2019, to address expenses for travel, education, meals, supplies or contractual services. **Please review your plan with the JDAI State Coordinator prior to submission.** The plans shall specifically address one or more of the JDAI core strategies: 1) Collaboration, 2) Use of accurate data, 3) Objective admissions, 4) New or enhanced non-secure alternatives to detention, 5) Case processing reforms, 6) Special detention cases, 7) Reducing racial disparities, or 8) Improving conditions of confinement

### Budget Request

1) Please break down your funding request:

Budget Line Item	Approximate Cost	Budget Line Item	Approximate Cost
3 Meals for JDAI Collaborative (~20 people)	\$525.00		
3 Meals for DMC Collaborative (~17 people)	\$425.00		
Snacks/Drinks for Executive Team meeting (~7 people)	\$50.00		

### Justification (attach additional sheets, if necessary)

1. How will this funding enhance your courts ability to meet outcomes of juvenile detention alternatives?

The 13th Circuit Juvenile Justice System continually strives to improve on the eight core strategies of JDAI. Funding would assist with continuing meetings with the JDAI Executive Team, JDAI Collaborative Team, and the DMC Collaborative Team, which aligns with the core strategy of collaboration. Collaborative team meetings are imperative to accomplishing the JDAI work plan that addresses the reform activities to accomplish, as well as analyzing data. The DMC team meetings will assist in the continued planning of addressing the DMC issues in the 13th Circuit. Each collaborative strives to meet 3 times a year. The Executive Team meets twice yearly to continue efforts on the work plan that addresses the eight core strategies.

2. Provide a timeline and description of how the funding will be used.

The 13th Circuit Juvenile Justice System would host a Collaborative Team meeting approximately three times per year, and would host a DMC Collaborative Team meeting approximately three per year. The funding would be used for providing lunch for approximately 20 Collaborative Team members and approximately 17 DMC Team members at each meeting. The Executive Team strives to meet twice yearly and funding would provide drinks and snack for these meetings.

### This section to be completed by OSCA

	Yes	No
1. Does this request fall within the scope of the Annie E. Casey Foundation approval?		
2. Does this request meet OSCAs requirements for uses of these grant funds?		
3. Does it state awarded funds will be expended and billed to OSCA by October 15, 2019?		
4. Did the request include special terms or conditions and are they attached?		

### Authorization (please print your name as well as your signature)

Circuit <span style="font-size: 2em; font-weight: bold;">13</span>	Presiding Judge 	Date <span style="font-size: 1.5em;">2/16/19</span>
OSCA <span style="font-size: 1.2em;">19-00180-03</span>	Deputy State Courts Administrator 	Date <span style="font-size: 1.5em;">3/11/19</span>

Return to: Office of State Courts Administrator, Contracts Section  
P.O. Box 104480, Jefferson City, MO 65110-4480

  
**SUPREME COURT OF MISSOURI**  
**OFFICE OF STATE COURTS ADMINISTRATOR**

**KATHY S. LLOYD**  
STATE COURTS  
ADMINISTRATOR

2112 Industrial Drive  
P.O. Box 104480  
Jefferson City, Missouri  
65110

PHONE (573) 751-4377  
FAX (573) 522-6152

March 11, 2019

The Honorable Kevin Crane  
Presiding Judge  
Thirteenth Judicial Circuit  
705 East Walnut Street  
Columbia, Missouri 65201

Dear Judge Crane:

On behalf of the Annie E. Casey Foundation, I am pleased to announce the award of funding for the Juvenile Detention Alternatives Initiative (JDAI) Program. The Thirteenth Judicial Circuit has been awarded \$1,000.00.

Funds are available to your court per the terms of the attached contract award form. OSCA Contracts Unit requests the contract award form be signed and returned to us for filing with the award documentation.

The following OSCA staff has been designated to assist you and your court staff with any additional information you may need related to this program. They may be reached as indicated below:

Lisa Struempf, Program Administration – 573-522-2437- [lisa.struempf@courts.mo.gov](mailto:lisa.struempf@courts.mo.gov)  
Shelly Peters, Fiscal Matters – 573-522-2751 - [shelly.peters@courts.mo.gov](mailto:shelly.peters@courts.mo.gov)

Congratulations on your award!

Sincerely,



Earl Kraus  
Deputy State Courts Administrator

EK/rr

Enclosures  
Juvenile Detention Alternatives Initiative Contract Award

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

April Session of the April Adjourned

Term. 20 19

In the County Commission of said county, on the 9th day of April 2019

the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby acknowledge the following budget amendment from the Auditor's Office to establish a budget for insurance activity in the Road & Bridge fund.

Department	Account	Department Name	Account Name	Decrease \$	Increase \$
2048	3945	PW-Insurance Claims	Insurance Recoveries		25,224
2048	59100	PW-Insurance Claims	Vehicle Repairs/Maintenance		14,531
2048	60200	PW-Insurance Claims	Equip Repairs/Maintenance		18,853
					58,608

Done this 9th day of April 2019.

ATTEST:

*Brianna L. Lennon*  
Brianna L. Lennon  
Clerk of the County Commission

Daniel K. Atwill  
Presiding Commissioner

Fred J. Parry  
District I Commissioner

Janet M. Thompson  
District II Commissioner



02/21/19 16:02:49

LEDGER YEAR	DEPT	Department Name	ACCOUNT CLASS	ACCOUNT	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	ACTUAL REV/EXP	REMAINING BALANCE
2018	2048	PW-INSURANCE CLAIM A	3900	3945	INSURANCE RECOVERI		.00	25,223.47	25,223.47-
					TOTAL		.00	25,223.47	25,223.47-
2018	2048	PW-INSURANCE CLAIM A	50000	59100	VEHICLE REPAIRS/MA		.00	14,530.81	14,530.81-
					TOTAL		.00	14,530.81	14,530.81-
2018	2048	PW-INSURANCE CLAIM A	60000	60200	EQUIP REPAIRS/MAIN		.00	18,852.20	18,852.20-
					TOTAL		.00	18,852.20	18,852.20-
2018	2048	PW-INSURANCE CLAIM A	70000	71016	AUTO CLAIMS DEDUCT	10,000.00	10,000.00	3,257.50	6,742.50
	2048	PW-INSURANCE CLAIM A		71018	OTHER CLAIMS DEDUC	10,000.00	10,000.00	5,000.00	5,000.00
	2048	PW-INSURANCE CLAIM A		71021	AUTO LIABILITY DED		.00	3,300.00	3,300.00-
					TOTAL	20,000.00	20,000.00	11,557.50	8,442.50
					TOTAL	20,000.00	20,000.00	70,163.98	50,163.98-

TRUCK

MOTORGRADER

\*\*\* END OF REPORT \*\*\*

## Fund Statement - Road & Bridge Fund 204 and 208 Combined (Major)

	2017 Actual	2018 Budget	2018 Estimated
<b>FINANCIAL SOURCES:</b>			
<b>Revenues</b>			
Property Taxes	\$ 1,542,304	1,603,100	1,571,078
Assessments	-	-	-
Sales Taxes	14,856,648	14,831,000	14,862,400
Franchise Taxes	-	-	-
Licenses and Permits	15,684	10,600	8,749
Intergovernmental	1,387,200	3,114,860	2,791,749
Charges for Services	34,170	37,155	33,555
Fines and Forfeitures	-	-	-
Interest	116,485	185,605	217,745
Hospital Lease	-	-	-
Other	42,017	18,300	12,394
<b>Total Revenues</b>	<b>17,994,508</b>	<b>19,800,620</b>	<b>19,497,670</b>
<b>Other Financing Sources</b>			
Transfer In from other funds	-	-	-
Proceeds of Long-Term Debt	-	-	-
Other (Sale of Capital Assets, Insurance Proceeds, etc)	322,660	133,726	180,682
<b>Total Other Financing Sources</b>	<b>322,660</b>	<b>133,726</b>	<b>180,682</b>
<b>Fund Balance Used for Operations</b>	-	<b>327,960</b>	-
<b>TOTAL FINANCIAL SOURCES</b>	<b>\$ 18,317,168</b>	<b>20,262,306</b>	<b>19,678,352</b>
<b>FINANCIAL USES:</b>			
<b>Expenditures</b>			
Personal Services	\$ 4,113,534	4,514,144	4,154,170
Materials & Supplies	1,726,498	2,099,325	1,754,704
Dues Travel & Training	27,521	49,310	29,504
Utilities	100,869	114,156	111,904
Vehicle Expense	474,369	591,038	554,690
Equip & Bldg Maintenance	230,997	324,656	309,793
Contractual Services	9,015,359	10,441,549	9,154,309
Debt Service (Principal and Interest)	-	-	-
Emergency	-	250,000	-
Other	502,492	756,610	760,320
Fixed Asset Additions	787,064	1,121,518	1,064,201
<b>Total Expenditures</b>	<b>16,978,703</b>	<b>20,262,306</b>	<b>17,893,595</b>
<b>Other Financing Uses</b>			
Transfer Out to other funds	-	-	-
Early Retirement of Long-Term Debt	-	-	-
<b>Total Other Financing Uses</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FINANCIAL USES</b>	<b>\$ 16,978,703</b>	<b>20,262,306</b>	<b>17,893,595</b>
<b>FUND BALANCE:</b>			
<b>FUND BALANCE (GAAP), beginning of year</b>	\$ 13,260,721	14,917,327	14,917,327
Less encumbrances, beginning of year	(85,065)	(403,206)	(403,206)
Add encumbrances, end of year	403,206	-	-
Fund Balance Increase (Decrease) resulting from operations	1,338,465	(327,960)	1,784,757
<b>FUND BALANCE (GAAP), end of year</b>	<b>14,917,327</b>	<b>14,186,161</b>	<b>16,298,878</b>
Less: <b>FUND BALANCE UNAVAILABLE FOR APPROPRIATION</b> , end of year	<b>(7,000,000)</b>	<b>(9,000,000)</b>	<b>(9,000,000)</b>
<b>NET FUND BALANCE, end of year</b>	<b>\$ 7,917,327</b>	<b>5,186,161</b>	<b>7,298,878</b>
Net Fund Balance as a percent of expenditures	46.63%	25.60%	40.79%

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April Session of the April Adjourned

Term. 20 19

In the County Commission of said county, on the 9th day of April 2019  
 the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby acknowledge the following budget amendment from the Auditor's Office to account for 2018 revenue and expenditures not budgeted.

Department	Account	Department Name	Account Name	Decrease \$	Increase \$
1195	3945	Insurance Claim Activity	Insurance Recoveries/Proceeds		25,964
1195	59100	Insurance Claim Activity	Vehicle Repairs		11,903
1195	60100	Insurance Claim Activity	Building Repairs		4,856
					42,723

Done this 9th day of April 2019.

ATTEST:

*Brianna L. Lennon*  
 Brianna L. Lennon  
 Clerk of the County Commission

*Daniel K. Atwill*

Daniel K. Atwill  
 Presiding Commissioner

*Fred J. Parry*  
 Fred J. Parry  
 District I Commissioner

*Janet M. Thompson*  
 Janet M. Thompson  
 District II Commissioner



**Insurance Claim Activity**

**General Fund #1195**

**Fiscal Year 2018**

**Analysis of Account balances to determine Budget Adjustment Required to Close-out Fiscal Year**

Prepared by Angela Wehmeyer, HR/Risk Management

Description	Account #	Original Budget	Actual Revenue & Exp as of 3/9/2018	Additional Rev/Exp to To be Posted	Total Revenue & Exp For the Year	Budget Adjustment Needed	Rounded
<b>Revenues</b>							
Insurance Proceeds	3945	\$ -	\$ 25,963.62	\$ -	\$ 25,963.62	\$ 25,963.62	\$ 25,964.00
<b>Total Revenue</b>		<b>\$ -</b>	<b>\$ 25,963.62</b>	<b>\$ -</b>	<b>\$ 25,963.62</b>	<b>\$ 25,963.62</b>	<b>\$ 25,964.00</b>

(agrees to G/L)

**Expenditures- Deductible Used**

Auto Claim Deductible	71016	\$ 15,000.00	\$ 16,482.11	\$ -	\$ 16,482.11	\$ 1,482.11	\$ 1,483.00
Other Claims Deductible	71018	\$ 30,000.00	\$ 10,185.83	\$ -	\$ 10,185.83	\$ (19,814.17)	\$ (19,814.00)
Uninsured Claims	71020	\$ 4,000.00	\$ -	\$ -	\$ -	\$ (4,000.00)	\$ (4,000.00)
Auto Liability Deductible	71021	\$ 10,000.00	\$ -	\$ -	\$ -	\$ (10,000.00)	\$ (10,000.00)
Small Incident Workers Comp	71022	\$ 500.00	\$ -	\$ -	\$ -	\$ (500.00)	\$ (500.00)
Uninsured Reimbursements	71023	\$ 500.00	\$ -	\$ -	\$ -	\$ (500.00)	\$ (500.00)
<b>Total Deductible</b>		<b>\$ 60,000.00</b>	<b>\$ 26,667.94</b>	<b>\$ -</b>	<b>\$ 26,667.94</b>	<b>\$ (33,332.06)</b>	<b>\$ (33,331.00)</b>

**Expenditures- Additional Claims Expenditures**

Vehicle Repairs	59100	\$ -	\$ 11,902.20	\$ -	\$ 11,902.20	\$ 11,902.20	\$ 11,903.00
Building Repairs	60100	\$ -	\$ 4,855.49	\$ -	\$ 4,855.49	\$ 4,855.49	\$ 4,856.00
<b>Total Claims Expenditures</b>		<b>\$ -</b>	<b>\$ 16,757.69</b>	<b>\$ -</b>	<b>\$ 16,757.69</b>	<b>\$ 16,757.69</b>	<b>\$ 16,759.00</b>
<b>Total ALL Expenditures</b>		<b>\$ 60,000.00</b>	<b>\$ 43,425.63</b>	<b>\$ -</b>	<b>\$ 43,425.63</b>	<b>\$ (16,574.37)</b>	<b>\$ (16,572.00)</b>

(agrees to G/L)

**Net Amount Required from Emergency Appropriation:**

<b>\$ -</b>	<b>\$ -</b>
<b>\$ -</b>	<b>\$ -</b>

\$ -



03/21/19 14:19:00

LEDGER YEAR	DEPT	Department Name	ACCOUNT CLASS	ACCOUNT	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	ACTUAL REV/EXP	REMAINING BALANCE
2018	1195	INSURANCE CLAIM ACTI	3800	3835	SALE OF CAPITAL FI		.00	2,725.00	2,725.00-
					TOTAL		.00	2,725.00	2,725.00-
2018	1195	INSURANCE CLAIM ACTI	3900	3945	INSURANCE RECOVERI		.00	25,963.62	25,963.62-
					TOTAL		.00	25,963.62	25,963.62-
2018	1195	INSURANCE CLAIM ACTI	50000	59100	VEHICLE REPAIRS/MA		.00	11,902.20	11,902.20-
					TOTAL		.00	11,902.20	11,902.20-
2018	1195	INSURANCE CLAIM ACTI	60000	60100	BLDG REPAIRS/MAINT		.00	4,855.49	4,855.49-
					TOTAL		.00	4,855.49	4,855.49-
2018	1195	INSURANCE CLAIM ACTI	70000	71016	AUTO CLAIMS DEDUCT	15,000.00	15,000.00	16,482.11	1,482.11-
	1195	INSURANCE CLAIM ACTI		71018	OTHER CLAIMS DEDUC	30,000.00	30,000.00	10,185.83	19,814.17
	1195	INSURANCE CLAIM ACTI		71020	UNINSURED CLAIMS	4,000.00	4,000.00	.00	4,000.00
	1195	INSURANCE CLAIM ACTI		71021	AUTO LIABILITY DED	10,000.00	10,000.00	.00	10,000.00
	1195	INSURANCE CLAIM ACTI		71022	SMALL INCIDENT WOR	500.00	500.00	.00	500.00
	1195	INSURANCE CLAIM ACTI		71023	UNINSURED REIMBURS	500.00	500.00	.00	500.00
					TOTAL	60,000.00	60,000.00	26,667.94	33,332.06
					TOTAL	60,000.00	60,000.00	72,114.25	12,114.25-

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# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

April Session of the April Adjourned

Term. 20 19

County of Boone

In the County Commission of said county, on the 9th day of April 2019

the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby approve the request by the Purchasing Department to dispose of the following list of surplus PC & Peripheral equipment through MRC Recycling Center.

It is further ordered the Presiding Commissioner is hereby authorized to sign said Request for Disposal Forms.

Done this 9th day of April 2019.

ATTEST:

*Brianna L. Lennon*  
Brianna L. Lennon  
Clerk of the County Commission

*[Signature]*  
Daniel K. Atwill  
Presiding Commissioner  
*[Signature]*  
Fred J. Parry  
District I Commissioner  
*[Signature]*  
Janet M. Thompson  
District II Commissioner

**Boone County Purchasing**  
**David Eagle**  
Purchasing Assistant



613 E. Ash St.  
Columbia, MO 65201  
Phone: (573) 886-4394

**MEMORANDUM**

**TO:** Boone County Commission  
**FROM:** David Eagle  
**RE:** Computer and Peripheral Surplus Disposal  
**DATE:** March 26, 2019

The Purchasing Departments requests permission to dispose of the following list of surplus PC & Peripheral equipment through MRC Recycling Center. MRC Recycling will pick up our surplus at no charge. They are a State of Missouri, DNR Level Four recycling center. No computer items are land-filled. Purchasing will obtain a Certificate of Destruction, and we will let them know that we want everything recycled, not reused so nothing ends up in the landfill.

Prior to Computer surplus coming to Purchasing for disposal, Information Technology has removed the hard-drives for destruction by their department. Their procedure for PC disposal is:

Once all the data is copied or recovered for the user, IT removes the hard drive and memory from the PC. The memory is held to be used for upgrading other PCs at the county that can benefit. IT sometimes removes parts that can be used as spare if the model is current enough. (ie Power Supplies, Video Cards, etc.) The hard drive is held for a minimum of 30 days in case a user identifies something is missing. After 30 days IT may reuse the hard drive in other county PCs if there are failures. If a hard drive goes unused or fails and IT needs to physically dispose of it, they drill a 5/8" hole through the drive and the data platters. Once IT has collection of "drilled" drives, they deliver them to PC recycling vendor, MRC Recycling Center.

MRC Recycling Center certifies that they have picked up the following items and that all items will be recycled, not reused, so nothing ends up in the landfill.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	Asset #	Description	Make & Model	Department	Condition of Asset	Serial #
1.	NO TAGS	THREE EXTERNAL DRIVES - TWO MODEMS	LG, SONY, WESTELL	INFORMATION TECHNOLOGY	UNKNOWN	
2.	NO TAG	POWER CONNECT 2216 SWITCH	DELL	INFORMATION TECHNOLOGY	UNKNOWN	
3.	15805	20" LCD MONITOR	HP LP2065	TREASURER	UNKNOWN	

4.	18215	CATALYST 2960 SWITCH ETHERNET	CISCO	SHERIFF	UNKNOWN	
5.	18468	CATALYST 2960 SWITCH ETHERNET	CISCO	SHERIFF	UNKNOWN	
6.	18469	CATALYST 2960 SWITCH ETHERNET	CISCO	SHERIFF	UNKNOWN	
7.	18856	PC WORKSTATION	HP PRO 4300	PROSECUTING ATTORNEY	UNKNOWN	
8.	18610	PC WORKSTATION	HP COMPAQ 6300	TREASURER	UNKNOWN	
9.	18244	PC WORKSTATION	HP COMPAQ 6300	INFORMATION TECHNOLOGY	UNKNOWN	
10.	18669	PC WORKSTATION	DELL OPTIPLEX 3010	SHERIFF	UNKNOWN	
11.	18702	17" LCD MONITOR	DELL E1713S	SHERIFF	UNKNOWN	
12.	15834	17" LCD MONITOR	HP L1740	SHERIFF	UNKNOWN	
13.	17639	BACKUP APPLIANCE	CYBERNETIC CYMISAND8/T4	INFORMATION TECHNOLOGY	UNKNOWN	
14.	14206	15" LCD MONITOR	NEC ASLCD51VM	COLLECTOR	UNKNOWN	
15.	NO TAG	MONITOR	DELL OPTIPLEX 7020	SHERIFF	UNKNOWN	
16.	NO TAG	MONITOR	DELL E170SB	SHERIFF	UNKNOWN	
17.	18242	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
18.	18245	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
19.	18247	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
20.	18243	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	

21.	18256	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
22.	18259	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
23.	18234	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
24.	18241	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
25.	18248	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
26.	18257	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
27.	18258	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
28.	18321	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
29.	18254	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
30.	18237	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
31.	18238	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
32.	18261	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
33.	18240	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
34.	18239	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
35.	18253	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
36.	18252	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
37.	14590	17" LCD MONITOR	HP L1730	SHERIFF	UNKNOWN	

38.	15117	LASER MONOCHROME PRINTER	LEXMARK T430DN	SHERIFF	UNKNOWN	
39.	16728	COLOR LASER PRINTER	MAGIC CARD RIO 2	SHERIFF	UNKNOWN	
40.	18903	EXTERNAL DVD DRIVE	PRIMERA 4101-063506	SHERIFF	UNKNOWN	
41.	19417	PC WORKSTATION	HP PRODESK 400	ASSESSOR	UNKNOWN	
42.	15381	15" LCD MONITOR	NEC ASLCD52V	SHERIFF	UNKNOWN	
43.	20819	UPS	FERRUPS 1.4 KVA	RADIO NETWORK OPS	UNKNOWN	
44.	22682	24" LCD MONITOR	HP LA2405WG	911/JOINT COMMUNICATIONS	UNKNOWN	
45.	12180	DOCUMENT SCANNER	HP SCANJET	GIS-COUNTY	UNKNOWN	
46.	12222	CANARY 100TX/FX SC (3)		GIS CONSORTIUM	UNKNOWN	
47.	12546	DUAL SPEED SWITCH 8	3 COM	INFORMATION TECHNOLOGY	UNKNOWN	
48.	NO TAG	CABLES, POWER SUPPLIES		INFORMATION TECHNOLOGY	UNKNOWN	
49.	19861	PORTABLE FINGERPRINT SCANNER	SAFRAN MORPHOIDENT	SHERIFF	UNKNOWN	
50.	19862	PORTABLE FINGERPRINT SCANNER	SAFRAN MORPHOIDENT	SHERIFF	UNKNOWN	
51.	12319	LASER MONOCROME PRINTER	HP LASER JET 4050TN	SHERIFF	UNKNOWN	
52.	NO TAG	FAX MACHINE	BROTHER 4100E	SHERIFF	UNKNOWN	
70.	17005	LASER MONCHROME PRINTER	LEXMARK T430DN	PROSECUTING ATTORNEY	UNKNOWN	
71.	17560	DESKTOP SCANNER	FUJITSU SCANSNAP S1500	CIRCUIT CLERK	UNKNOWN	
72.	17126	DESKTOP SCANNER	FUJITSU SCANSNAP S1500	CIRCUIT CLERK	UNKNOWN	

73.	16568	MONITOR	L1950	CIRCUIT CLERK	UNKNOWN	
74.	16717	15" NOTEBOOK	HP/COMPAQ 6730B	COURTHOUSE EXPANSION	UNKNOWN	
75.	17074	15" NOTEBOOK	HP/COMPAQ 6730B	ADMINISTRATION OF JUSTICE	UNKNOWN	
76.	17562	MONITOR	LA1951G	CIRCUIT COURT	UNKNOWN	
77.	17847	DESKTOP PC	HP COMPAQ 6200 PRO	CIRCUIT DRUG COURT	UNKNOWN	
78.	18085	DESKTOP PC	HP Z210 SFF	CIRCUIT DRUG COURT	UNKNOWN	
79.	18174	DESKTOP PC	HP Z220 SFF	CIRCUIT COURT	UNKNOWN	
80.	18277	17" NOTEBOOK	HP PROBOOK 6570B	JJC	UNKNOWN	
81.	18422	DESKTOP PC	HP Z220 SFF	JJC	UNKNOWN	
82.	18423	DESKTOP PC	HP Z220 SFF	JJC	UNKNOWN	
83.	18425	DESKTOP PC	HP Z220 SFF	JJC	UNKNOWN	
84.	18427	17" NOTEBOOK	HP PROBOOK 6570B	JJC	UNKNOWN	
85.	18483	DESKTOP PC	HP Z220 SFF	JURY SERVICES AND COURT COSTS	UNKNOWN	
86.	18484	DESKTOP PC	HP Z220 SFF	JURY SERVICES AND COURT COSTS	UNKNOWN	
87.	18585	DESKTOP PC	HP Z220 SFF	PROPOSITION L	UNKNOWN	
88.	18586	DESKTOP PC	HP Z220 SFF	PROPOSITION L	UNKNOWN	
89.	18825	DESKTOP PC	HP Z220 SFF	CIRCUIT COURT	UNKNOWN	
90.	18826	DESKTOP PC	HP Z220 SFF	CIRCUIT COURT	UNKNOWN	
91.	16187	NETWORK PRINTER	HP COLORT LASERJET 3800	CIRCUIT COURT	UNKNOWN	

92.	14525	FAX MACHINE	BROTHER MFC 9700	JURY SERVICES & COURT COSTS	UNKNOWN	
93.	12890	FAX MACHINE	CANON CFXL3500 IF	CIRCUIT COURT	UNKNOWN	
94.	NO TAG	UPS	APC BACK-UPS	CIRCUIT COURT	UNKNOWN	
95.	NO TAGS	KEYBOARDS		CIRCUIT COURT	UNKNOWN	
96.	NO TAG	ACCESS POINT	CISCO AP	CIRCUIT COURT	UNKNOWN	
97.	NO TAG	MONITOR	E201	CIRCUIT COURT	UNKNOWN	
98.	NO TAG	PRINTER	HP DESKJET 3930	JJC	UNKNOWN	
99.	NO TAG	SILVER KEYBOARD TRAP AND ACCESSORIES		CIRCUIT COURT	UNKNOWN	
100.	18435	NETWORK SERVER	HP DL360	INFORMATION TECHNOLOGY	UNKNOWN	
101.	13080	LASER MONOCHROME PRINTER	HP LASERJET 2200DN	SHERIFF	UNKNOWN	
102.	15049	15" LCD MONITOR	NEC ASLCD51VM	COLLECTOR	UNKNOWN	
103.	15808	20" LCD MONITOR	HP LP2065	COLLECTOR	UNKNOWN	
104.	16095	19" LCD MONITOR	HP L1940T	COLLECTOR	UNKNOWN	
105.	16096	19" LCD MONITOR	HP L1940T	COLLECTOR	UNKNOWN	
106.	16097	19" LCD MONITOR	HP L1940T	COLLECTOR	UNKNOWN	
107.	16098	19" LCD MONITOR	HP L1940T	COLLECTOR	UNKNOWN	
108.	16099	19" LCD MONITOR	HP L1940T	COLLECTOR	UNKNOWN	
109.	16102	19" LCD MONITOR	HP L1940T	COLLECTOR	UNKNOWN	
110.	16546	19" LCD MONITOR	HP L1950	COLLECTOR	UNKNOWN	

111.	17082	19" LCD MONITOR	HP LE1911	COLLECTOR	UNKNOWN	
112.	17171	19" LCD MONITOR	HP LE1911	COLLECTOR	UNKNOWN	
113.	17780	19" LCD MONITOR	HP LE1911	COLLECTOR	UNKNOWN	
114.	17781	19" LCD MONITOR	HP LE1911	COLLECTOR	UNKNOWN	
115.	17782	19" LCD MONITOR	HP LE1911	COLLECTOR	UNKNOWN	
116.	17783	19" LCD MONITOR	HP LE1911	COLLECTOR	UNKNOWN	
117.	17784	19" LCD MONITOR	HP LE1911	COLLECTOR	UNKNOWN	
118.	17785	19" LCD MONITOR	HP LE1911	COLLECTOR	UNKNOWN	
119.	17786	19" LCD MONITOR	HP LE1911	COLLECTOR	UNKNOWN	
120.	17787	19" LCD MONITOR	HP LE1911	COLLECTOR	UNKNOWN	

cc: Heather Acton, Auditor Surplus File

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 10/24/18

Fixed Asset Tag Number: No Asset Tags

Description of Asset: LG External CD/DVD Drives (2) Sony External CD/DVD Drive (1)  
Westell DSL Modems (2)

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: All are non-working.

Reason for Disposition:

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170-Information Technology

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date No Data

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

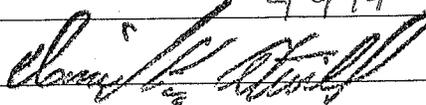
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4-9-19

Signature 

S:\all\AUDITOR\Accounting Forms\Fixed Asset Disposal.docx

Revised: September 2016

**RECEIVED**  
OCT 24 2018  
BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 10/24/18

FIXED ASSET TAG NUMBER: No Asset Tag

DESCRIPTION: Dell Power Connect 2216 Switch

REQUESTED MEANS OF DISPOSAL:

OTHER INFORMATION: Service Tag: GMQS291

CONDITION OF ASSET: Non-working

REASON FOR DISPOSITION:

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1170-Information Technology SIGNATURE \_\_\_\_\_

**AUDITOR**

ORIGINAL PURCHASE DATE No Data RECEIPT INTO 1190-3836 HA

ORIGINAL COST \_\_\_\_\_ GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_ GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_ DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4-9-19

SIGNATURE [Signature]

**RECEIVED**  
OCT 24 2018  
BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 10/30/2018

FIXED ASSET TAG NUMBER: 00015805

DESCRIPTION: HP LP2065  
MONITOR LCD 20 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2007 - NON-WORKING

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES/NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: TREASURER 1140 SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/02/06

G/L ACCOUNT FOR PROCEEDS 1190-3836 NA

ORIGINAL ACQUISITION AMOUNT 360.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE *Dennis K. Atwell*

**RECEIVED**  
OCT 30 2018  
BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 10/18/2018

FIXED ASSET TAG NUMBER: 00018215

DESCRIPTION: CISCO CATALYST 2960  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2013 - WORKING

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2012/12/31

G/L ACCOUNT FOR PROCEEDS 2550-3836 NA

ORIGINAL ACQUISITION AMOUNT 2,607.10

ORIGINAL FUNDING SOURCE 2746

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE *Clarence L. Atwell*

**RECEIVED**  
OCT 18 2018  
BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 10/18/2018

FIXED ASSET TAG NUMBER: 00018468

DESCRIPTION: CISCO CATALYST 2960  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2013 - WORKING

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/06/14

G/L ACCOUNT FOR PROCEEDS 1190-38364A

ORIGINAL ACQUISITION AMOUNT 2,607.10

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

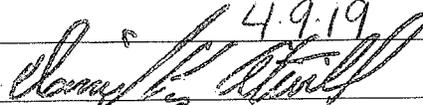
INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE 

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OCT 18 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 10/18/2018

FIXED ASSET TAG NUMBER: 00018469

DESCRIPTION: CISCO CATALYST 2960  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2013 - WORKING

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES/NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/06/14

G/L ACCOUNT FOR PROCEEDS 190-3836 HA

ORIGINAL ACQUISITION AMOUNT 2,607.10

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

**RECEIVED**

OCT 18 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 11/16/2018

FIXED ASSET TAG NUMBER: 00018856

DESCRIPTION: HP PRO 4300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 261 PROSECUTING ATTORNI SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2014/02/28

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 608.58

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE 

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NOV 19 2018

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/03/2018

FIXED ASSET TAG NUMBER: 00018610

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: TREASURER SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/10/24

G/L ACCOUNT FOR PROCEEDS 1190-38367R

ORIGINAL ACQUISITION AMOUNT 596.29

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE *Clayton H. Atwell*

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DEC 03 2018

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/03/2018 FIXED ASSET TAG NUMBER: 00018244

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1170 INFORMATION TECHNOL SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 Ha

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

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DEC 03 2018

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/03/2018

FIXED ASSET TAG NUMBER: 00018669

DESCRIPTION: DELL OPTIPLEX 3010  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF SIGNATURE: *Judy*

RECEIVED

DEC 03 2018

BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/12/19

G/L ACCOUNT FOR PROCEEDS 2901-3835 HA

ORIGINAL ACQUISITION AMOUNT 5,337.00

ORIGINAL FUNDING SOURCE 2787

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE *David B. Atwill*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/10/2018

FIXED ASSET TAG NUMBER: 00018702

DESCRIPTION: DELL E1713S  
MONITOR LCD 17 INCH

RECEIVED

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

DEC 11 2018

OTHER INFORMATION: \_\_\_\_\_

BOONE COUNTY AUDITOR

CONDITION OF ASSET: PURCHASED 2013 - VERY POOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/12/19

G/L ACCOUNT FOR PROCEEDS 2901-3836 HR

ORIGINAL ACQUISITION AMOUNT 1.00

ORIGINAL FUNDING SOURCE 2787

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/10/2018

FIXED ASSET TAG NUMBER: 00015834

DESCRIPTION: HP L1740  
MONITOR LCD 17 INCH

RECEIVED

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

DEC 11 2018

OTHER INFORMATION: \_\_\_\_\_

BOONE COUNTY AUDITOR

CONDITION OF ASSET: PURCHASED 2007 - VERY POOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: \_\_\_\_\_

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/02/23

G/L ACCOUNT FOR PROCEEDS 1190-3836-110

ORIGINAL ACQUISITION AMOUNT 188.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4-9-19

SIGNATURE *[Signature]*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/10/2018

FIXED ASSET TAG NUMBER: 00017639

DESCRIPTION: CYBERNETIC CYMISAND8/T4  
MISAN BACKUP APPLIANCE

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES/NO: NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2011/04/08

G/L ACCOUNT FOR PROCEEDS 2901-3835 Ha

ORIGINAL ACQUISITION AMOUNT 6,685.12

ORIGINAL FUNDING SOURCE 2787

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4-9-19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/12/2018

FIXED ASSET TAG NUMBER: 00014206

DESCRIPTION: NEC ASLCD51VM  
MONITOR LCD 15 INCH

RECEIVED

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

DEC 17 2018

OTHER INFORMATION: \_\_\_\_\_

BOONE COUNTY AUDITOR

CONDITION OF ASSET: NON-WORKING

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2003/10/21

G/L ACCOUNT FOR PROCEEDS 1190-3836 NA

ORIGINAL ACQUISITION AMOUNT 314.81

ORIGINAL FUNDING SOURCE 2788

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 12/28/18

Fixed Asset Tag Number: No Tag

Description of Asset: Dell OptiPlex 7020 Monitor

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): Serial #GHWR942

Condition of Asset: Unknown

Reason for Disposition: Replacement

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

Was asset purchased with grant funding?  YES  NO Unknown

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Sheriff 1251

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date No Date

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature 

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**BOONE COUNTY AUDITOR**

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 12/28/18

Fixed Asset Tag Number: No Tag

Description of Asset: Dell E170SB Monitor

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): Serial #CN0N445N742610463E8C

Condition of Asset: Unknown

Reason for Disposition: Replacement

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

Was asset purchased with grant funding?  YES  NO *Unknown*

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Sheriff 1251

Signature *Judy*

**To be Completed by: AUDITOR** *No Data*

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds *1190-3836 HR*

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number *151-2019*

Date Approved *4.9.19*

Signature *[Signature]*

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BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/26/2018

FIXED ASSET TAG NUMBER: 00018242

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 NA

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE *Clayton K. Atwell*

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BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/26/2018

FIXED ASSET TAG NUMBER: 00018245

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 00151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/26/2018 FIXED ASSET TAG NUMBER: 00018247

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22 G/L ACCOUNT FOR PROCEEDS 1190-3836 40  
ORIGINAL ACQUISITION AMOUNT 602.23  
ORIGINAL FUNDING SOURCE 2731  
ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:  
\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_  
LOCATION WITHIN DEPARTMENT \_\_\_\_\_  
INDIVIDUAL \_\_\_\_\_  
\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS  
\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019  
DATE APPROVED 4.9.19  
SIGNATURE *Dennis H. Atwell*

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DEC 28 2018  
BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/26/2018

FIXED ASSET TAG NUMBER: 00018243

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 #10

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE *Donna H. Atwell*

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BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/26/2018

FIXED ASSET TAG NUMBER: 00018256

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

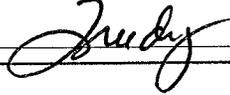
OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

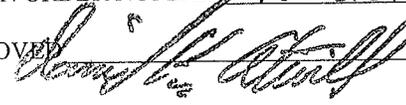
LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED  4.9.19

SIGNATURE \_\_\_\_\_

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BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/26/2018

FIXED ASSET TAG NUMBER: 00018259

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

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REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

DEC 28 2018

OTHER INFORMATION: \_\_\_\_\_

BOONE COUNTY AUDITOR

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 *HE*

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE *Dennis H. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/26/2018

FIXED ASSET TAG NUMBER: 00018234

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 4a

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

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BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/26/2018

FIXED ASSET TAG NUMBER: 00018241

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 Ha

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE *Sam H. Atwill*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/26/2018

FIXED ASSET TAG NUMBER: 00018248

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-38364R

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

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BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/26/2018

FIXED ASSET TAG NUMBER: 00018257

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 HR

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

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BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/28/2018

FIXED ASSET TAG NUMBER: 00018258

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE / MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: 

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**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 H

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

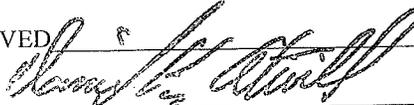
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/28/2018

FIXED ASSET TAG NUMBER: 00018321

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE / MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 190-3836 HR

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE *[Signature]*

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**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/28/2018

FIXED ASSET TAG NUMBER: 00018254

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE / MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 HO

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

**RECEIVED**

DEC 28 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/28/2018

FIXED ASSET TAG NUMBER: 00018237

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE / MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 HQ

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE 

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DEC 28 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/28/2018

FIXED ASSET TAG NUMBER: 00018238

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE / MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES/NO NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 HR

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 12/28/18

SIGNATURE [Signature]

**RECEIVED**

DEC 28 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/28/2018

FIXED ASSET TAG NUMBER: 00018261

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

DEC 31 2018

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: HARD DRIVE / MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 4A

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE *Dan...*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/28/2018

FIXED ASSET TAG NUMBER: 00018240

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE / MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES/NO NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

**RECEIVED**  
DEC 31 2018  
BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/28/2018

FIXED ASSET TAG NUMBER: 00018239

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 4A

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4-9-19

SIGNATURE [Signature]

**RECEIVED**

DEC 31 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/28/2018

FIXED ASSET TAG NUMBER: 00018253

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE / MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 #2

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE *Samuel H. Atwell*

**RECEIVED**

DEC 31 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/31/2018

FIXED ASSET TAG NUMBER: 00018252

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE / MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES/NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

**RECEIVED**

DEC 31 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 4R

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/21/2018

FIXED ASSET TAG NUMBER: 00014590

DESCRIPTION: HP L1730  
MONITOR LCD 17 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: NON-WORKING

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2004/09/24

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 411.00

ORIGINAL FUNDING SOURCE 2744

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4-9-19

SIGNATURE [Signature]

RECEIVED

DEC 28 2018

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/26/2018

FIXED ASSET TAG NUMBER: 00015117

DESCRIPTION: LEXMARK T430DN  
PRINTER LASER MONOCHROME

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2005 - VERY POOR

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2005/08/12

G/L ACCOUNT FOR PROCEEDS 1190-3836 NA

ORIGINAL ACQUISITION AMOUNT 957.77

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4-9-19

SIGNATURE [Signature]

RECEIVED

DEC 28 2018

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/26/2018

FIXED ASSET TAG NUMBER: 00016728

DESCRIPTION: MAGIC CARD RIO 2  
PRINTER LASER COLOR

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2009 - POOR

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251

SIGNATURE: \_\_\_\_\_



### AUDITOR

ORIGINAL ACQUISITION DATE 2009/03/20

G/L ACCOUNT FOR PROCEEDS 1190-3336 HA

ORIGINAL ACQUISITION AMOUNT 2,605.20

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

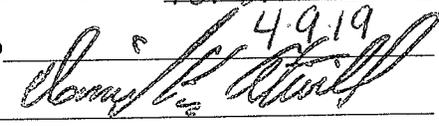
INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE 

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DEC 28 2018  
BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/27/2018 FIXED ASSET TAG NUMBER: 00018903

DESCRIPTION: PRIMERA 4101-063506  
DVD DRIVE EXTERNAL

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: NOT WORKING PROPERLY

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/12/19

G/L ACCOUNT FOR PROCEEDS 2901-3836 HQ

ORIGINAL ACQUISITION AMOUNT 1.00

ORIGINAL FUNDING SOURCE 2787

ACCOUNT GROUP 1603

Heather  
Was told this was  
returned to vendor but  
it was not.  
Judy

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER @151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/27/2018

FIXED ASSET TAG NUMBER: 00019417

DESCRIPTION: HP PRODESK 400  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: ASSESSOR 2010 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2014/12/31

G/L ACCOUNT FOR PROCEEDS 2010-3836 HA

ORIGINAL ACQUISITION AMOUNT 641.69

ORIGINAL FUNDING SOURCE 2743

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE \_\_\_\_\_

RECEIVED

DEC 28 2018

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 12/28/2018

FIXED ASSET TAG NUMBER: 00015381

DESCRIPTION: NEC ASLCD52V  
MONITOR LCD 15 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2006 - POOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2006/03/23

G/L ACCOUNT FOR PROCEEDS 1190-3836 4A

ORIGINAL ACQUISITION AMOUNT 229.34

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

RECEIVED

DEC 28 2018

BOONE COUNTY AUDITOR



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/08/2019

FIXED ASSET TAG NUMBER: 00022682

DESCRIPTION: HP LA2405WG  
MONITOR LCD 24 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: DOES NOT WORK

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 911/JOINT COMM OPERA SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2018/08/01

G/L ACCOUNT FOR PROCEEDS 2700-3836 HA

ORIGINAL ACQUISITION AMOUNT 1.00

ORIGINAL FUNDING SOURCE 2751

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE *David K. Stull*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/08/2019

FIXED ASSET TAG NUMBER: 00012180

DESCRIPTION: HP SCANJET  
SCANNER DOCUMENT

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED YEAR 2000

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: GIS - COUNTY SIGNATURE: *Judy*

**RECEIVED**

**FEB 18 2019**

**BOONE COUNTY  
AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2000/04/21

G/L ACCOUNT FOR PROCEEDS 1190-383640

ORIGINAL ACQUISITION AMOUNT 176.14

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4-9-19

SIGNATURE *Clayton L. Atwell*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

FEB 1 3 2019

BOONE COUNTY  
AUDITOR

Date: 2/8/19

Fixed Asset Tag Number: 12222

Description of Asset: Canary 100TX/FX SC (3)

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Poor - Purchased in Sept. 2000

Reason for Disposition: No longer needed

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1175 - GIS Consortium

Signature



**To be Completed by: AUDITOR** Already Retired

Original Acquisition Date \_\_\_\_\_ in system

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

FEB 13 2019

BOONE COUNTY  
AUDITOR

Date: 2/8/19

Fixed Asset Tag Number: 12546

Description of Asset: 3 COM Dual Speed Switch 8

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Poor - Purchased in Sept. 2000

Reason for Disposition: No longer needed

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 - Information Technology

Signature



**To be Completed by: AUDITOR** *Already Retired*

Original Acquisition Date *in System*

G/L Account for Proceeds *1190-3836 HA*

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number *151-2019*

Date Approved *4.9.19*

Signature 

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 2/13/19

Fixed Asset Tag Number: N/A

Description of Asset: Assortment of cables, power supplies and one wireless keyboard with no wireless receiver.

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

**RECEIVED**

Other Information (Serial number, etc.): N/A

**FEB 13 2019**

Condition of Asset:

**BOONE COUNTY  
AUDITOR**

Reason for Disposition: No longer needed/

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170-Information Technology

Signature



**To be Completed by: AUDITOR** No Data

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds 1190-3836 Ha

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4-9-19

Signature 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/19/2019 FIXED ASSET TAG NUMBER: 00019861

DESCRIPTION: SAFRAN MORPHOIDENT  
PORTABLE FINGERPRINT SCANNER

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

**FEB 20 2019**

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY  
AUDITOR**

CONDITION OF ASSET: POOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Already picked up. ASAP - In Room 123-66.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2015/12/22

G/L ACCOUNT FOR PROCEEDS N/A NR

ORIGINAL ACQUISITION AMOUNT 850.00

ORIGINAL FUNDING SOURCE 2751

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

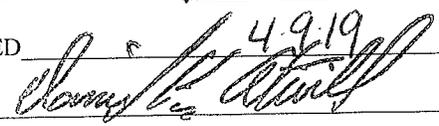
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/19/2019

FIXED ASSET TAG NUMBER: 00019862

DESCRIPTION: SAFRAN MORPHOIDENT  
PORTABLE FINGERPRINT SCANNER

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: POOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Already picked up. ASAP. In Room 123-66.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2015/12/22

G/L ACCOUNT FOR PROCEEDS N/A HQ

ORIGINAL ACQUISITION AMOUNT 850.00

ORIGINAL FUNDING SOURCE 2751

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE *Samuel H. Atwell*

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BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/22/2019

FIXED ASSET TAG NUMBER: 00012319

DESCRIPTION: HP LASERJET 4050TN  
PRINTER LASER MONOCHROME

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2000 - POOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2000/12/31

G/L ACCOUNT FOR PROCEEDS 1190-38367P

ORIGINAL ACQUISITION AMOUNT 1,637.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE 

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**FEB 25 2019**  
**BOONE COUNTY**  
**AUDITOR**

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02/22/19

Fixed Asset Tag Number: N/A

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**BOONE COUNTY  
AUDITOR**

Description of Asset: Brother 4100E Fax Machine

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): Serial #U61639M6J630505

Condition of Asset: Poor

Reason for Disposition: Replacement

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123,

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Sheriff

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date No Data

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 2/22/19

Signature \_\_\_\_\_

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/27/2019

FIXED ASSET TAG NUMBER: 00017005

DESCRIPTION: LEXMARK T430DN  
PRINTER LASER MONOCHROME

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2009 - POOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: PROSECUTING ATTORNI SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/03/19

G/L ACCOUNT FOR PROCEEDS 1190-383640

ORIGINAL ACQUISITION AMOUNT 1,036.27

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

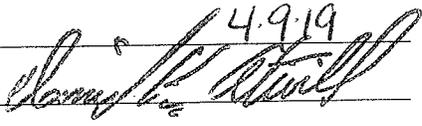
INDIVIDUAL \_\_\_\_\_

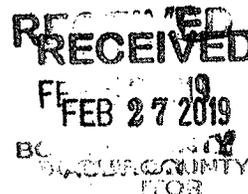
\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE 



# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 17560

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BOONE COUNTY  
AUDITOR

Description of Asset: Desktop Scanner / Fujitsu Scansnap s1500

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 142923

Condition of Asset: BROKEN

Reason for Disposition: BROKEN / NO LONGER FUNCTIONING

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

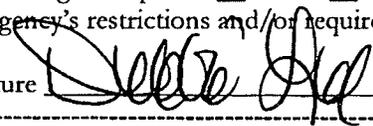
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1221 Circuit Clerk

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds \_\_\_\_\_

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

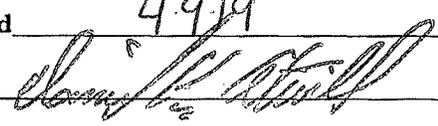
Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature 

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 2/7/2019

Fixed Asset Tag Number: 17126

Description of Asset: Desktop Scanner / Fujitsu Scansnap s1500

Requested Means of Disposal:  Sell     Trade-In     Recycle/Trash     Other, Explain:

Other Information (Serial number, etc.): 309545

Condition of Asset: BROKEN

Reason for Disposition: BROKEN / NO LONGER FUNCTIONING

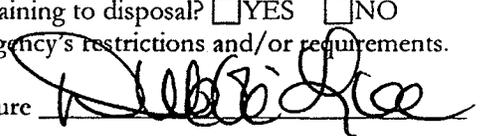
Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding?     YES     NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?     YES     NO  
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1221 Circuit Clerk

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date 12-31-09

G/L Account for Proceeds 1190-3836 HR

Original Acquisition Amount \$430.89

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer                      Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade                       Auction                       Sealed Bids

Other                      Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature 

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**FEB 26 2019**  
**BOONE COUNTY**  
**AUDITOR**

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/19/2019

Fixed Asset Tag Number: 16568

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Description of Asset: Monitor / L1950

FEB 26 2019

BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): CNC810PGGM

Condition of Asset: OUTDATED

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1221 Circuit Clerk

Signature

**To be Completed by: AUDITOR**

Original Acquisition Date 5-30-08

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount \$233.72

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature \_\_\_\_\_

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 16717

Description of Asset: HP Notebook 15" / Compaq 6730b

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): CNU85058YB

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT Office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 4061 Courthouse Expansion

Signature *May Espinoza*

**To be Completed by: AUDITOR**

Original Acquisition Date 2-13-09

G/L Account for Proceeds 1190-3836 Ha

Original Acquisition Amount \$1,183.72

Original Funding Source 2782

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4-9-19

Signature *David L. Stull*

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BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 17074

Description of Asset: HP Notebook 15" / Compaq 6730b

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): CNU0030FQR

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT office*

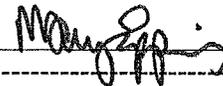
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2850 Administration of Justice

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date 3-3-10

G/L Account for Proceeds 2850-3836 Hex

Original Acquisition Amount \$801.00

Original Funding Source 2742

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature 

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BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 17562

Description of Asset: Monitor / LA1951g

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): CNC04RQ3J

Condition of Asset: OUTDATED

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT Office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: *1210 Cn. G.*

Signature *Mary Egan*

**To be Completed by: AUDITOR**

Original Acquisition Date *2-8-11*

G/L Account for Proceeds \_\_\_\_\_

Original Acquisition Amount *\$157.00*

Original Funding Source *2731*

Account Group *1603*

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number *151-2019*

Date Approved *4.9.19*

Signature *[Signature]*

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BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 17847

Description of Asset: Desktop PC / HP Compaq 6200 Pro

Requested Means of Disposal: Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): MXL1512FH8

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT Office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2830 Circuit Drug Court

Signature

*Mary Egan*

**To be Completed by: AUDITOR**

Original Acquisition Date 12-31-11

G/L Account for Proceeds 2830-3836 HR

Original Acquisition Amount \$468.00

Original Funding Source 2742

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature *Clayton K. Stull*

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BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 18085

Description of Asset: Desktop PC / HP Z210 SFF

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 2UA2280CLK

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2830 Circuit Drug Court

Signature *Mary Spini*

**To be Completed by: AUDITOR**

Original Acquisition Date 8-3-12

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \$435.00

Original Funding Source 2782

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4-9-19

Signature *David K. Atwell*

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BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 18174

Description of Asset: Desktop PC / HP Z220 SFF

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 2UA2421M5D

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature

*Mary Egan*

**To be Completed by: AUDITOR**

Original Acquisition Date 11-16-12

G/L Account for Proceeds 1190-3236 4A

Original Acquisition Amount \$447.00

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature *[Signature]*

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BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 18277

Description of Asset: HP Notebook 17" / ProBook 6570b

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 5CB3021HBG

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT Office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1242 Juvenile Justice Center

Signature

*Mary Egan*

**To be Completed by: AUDITOR**

Original Acquisition Date 2-6-13

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \$698.45

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature *Clayton A. Atwell*

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BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 18422

Description of Asset: Desktop PC / HP Z220 SFF

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

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Other Information (Serial number, etc.): 2UA3140H1J

FEB 28 2019

Condition of Asset: FAIR

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Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT Office*

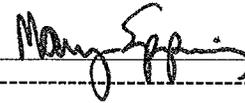
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1241 Juvenile Office

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date 4-25-13

G/L Account for Proceeds 1190-3836 He

Original Acquisition Amount \$451.54

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

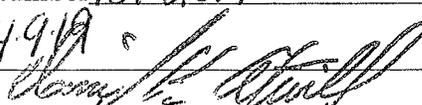
Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 18423

Description of Asset: Desktop PC / HP Z220 SFF

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

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Other Information (Serial number, etc.): 2UA3140H1K

FEB 28 2019

Condition of Asset: OUTDATED

BOONE COUNTY  
AUDITOR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1241 Juvenile Office

Signature *Mary Spis*

**To be Completed by: AUDITOR**

Original Acquisition Date 4-25-13

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \$451.54

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature *Dennis L. Atwell*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 18425

Description of Asset: Desktop PC / HP Z220 SFF

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 2UA3140H1M

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1241 Juvenile Office

Signature *Mary Egan*

**To be Completed by: AUDITOR**

Original Acquisition Date 4-25-13

G/L Account for Proceeds 1190-3836 *HP*

Original Acquisition Amount \$451.54

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature *[Signature]*

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FEB 28 2019

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 18427

Description of Asset: HP Notebook 17" / ProBook 6570b

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

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Other Information (Serial number, etc.): 5CB3140NX6

FEB 28 2019

Condition of Asset: FAIR

BOONE COUNTY  
AUDITOR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT Office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1241 Juvenile Office

Signature *Mary Griffin*

**To be Completed by: AUDITOR**

Original Acquisition Date 4-25-13

G/L Account for Proceeds 1190-3836 AR

Original Acquisition Amount \$633.45

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature *Dennis H. Atwell*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 18483

Description of Asset: Desktop PC / HP Z220 SFF

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

RECEIVED

Other Information (Serial number, etc.): 2UA3210CGG

FEB 28 2019

Condition of Asset: FAIR

BOONE COUNTY  
AUDITOR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT Office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1230 Jury Services & Court Costs

Signature *Mary Eppis*

**To be Completed by: AUDITOR**

Original Acquisition Date 6-14-13

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount \$591.41

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature *Donna P. Atwell*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 18484

Description of Asset: Desktop PC / HP Z220 SFF

RECEIVED

FEB 28 2019

BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 2UA3210CGH

Condition of Asset: OUTDATED

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *I.T office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1230 Jury Services & Court Costs

Signature *Mary Epps*

**To be Completed by: AUDITOR**

Original Acquisition Date 6-14-13

G/L Account for Proceeds 1190-383E 4A

Original Acquisition Amount \$591.41

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature *Dorothy H. Atwell*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 18585

Description of Asset: Desktop PC / HP Z220 SFF

RECEIVED

FEB 28 2019

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain: BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): 2UA3331JTQ

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2904 Proposition L

Signature *Mary Spang*

**To be Completed by: AUDITOR**

Original Acquisition Date 9-13-13

G/L Account for Proceeds 2904-3836 HA

Original Acquisition Amount \$501.54

Original Funding Source 2787

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 2/9/19

Signature \_\_\_\_\_

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 18586

Description of Asset: Desktop PC / HP Z220 SFF

RECEIVED

FEB 28 2019

BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 2UA3331JTR

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT Office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2904 Proposition L

Signature *Mary Eppig*

**To be Completed by: AUDITOR**

Original Acquisition Date 9-13-13

G/L Account for Proceeds 2904-3836 HA

Original Acquisition Amount \$501.54

Original Funding Source 2787

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature *Sharon K. Atwell*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 18825

Description of Asset: Desktop PC / HP Z220 SFF

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 2UA4010NMJ

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT Office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date 1-31-14

G/L Account for Proceeds 1190-3836 RA

Original Acquisition Amount \$ 546.92

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4-9-19

Signature 

RECEIVED

FEB 28 2019

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 18826

Description of Asset: Desktop PC / HP Z220 SFF

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 2UA4010NMK

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature *Mary [unclear]*

**To be Completed by: AUDITOR**

Original Acquisition Date 1-31-14

G/L Account for Proceeds 1190-3836 *AK*

Original Acquisition Amount \$546.92

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature *[Signature]*

RECEIVED

FEB 28 2019

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: 16187

Description of Asset: Network Printer / HP Color LaserJet 3800

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

RECEIVED

Other Information (Serial number, etc.): CNYBB86882

FEB 28 2019

Condition of Asset: BROKEN

BOONE COUNTY  
AUDITOR

Reason for Disposition: PRINTS HALF

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT Office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date 2-27-07

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount \$1,120.73

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/8/2019

Fixed Asset Tag Number: 14525

Description of Asset: FAX Machine / Brother MFC 9700

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain: **RECEIVED**

Other Information (Serial number, etc.): U60073F2J433370

**FEB 28 2019**

Condition of Asset: FAIR

**BOONE COUNTY  
AUDITOR**

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT Office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1230 Jury Services & Court Costs

Signature *Mary Epp*

**To be Completed by: AUDITOR**

Original Acquisition Date 6-17-04

G/L Account for Proceeds 190-3836 HA

Original Acquisition Amount \$408.44

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature *David L. Atwell*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/15/2019

Fixed Asset Tag Number: 12890

Description of Asset: FAX Machine / Canon CFXL3500 IF

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain: **RECEIVED**

Other Information (Serial number, etc.): U60073F2J433370

**FEB 28 2019**

Condition of Asset: **BROKEN**

**BOONE COUNTY  
AUDITOR**

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT Office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature *Mary Egan*

**To be Completed by: AUDITOR**

Original Acquisition Date 2-23-01

G/L Account for Proceeds 1190-3836 HP

Original Acquisition Amount \$915.00

Original Funding Source 2731

Account Group 1601

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4-9-19

Signature *David H. Atwell*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

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MAR 01 2019

BOONE COUNTY  
AUDITOR

Date: 2/15/2019

Fixed Asset Tag Number: N/A

Description of Asset: UPS / APC Back-UPS

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): JB0141012122, JB00150009535R, JB0241037767R, AB0212225825R, 5B0742U06182, 5B0850T14801, 5B0739T15642, 3B0703X52078

Condition of Asset: BROKEN

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT office*

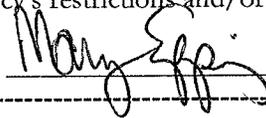
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature



**To be Completed by: AUDITOR** *No Date*

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds *1190-3836 HA*

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number *151-2019*

Date Approved *4.9.19*

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/15/2019

Fixed Asset Tag Number: N/A

RECEIVED

Description of Asset: Keyboards

MAR 01 2019

BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 16 Pieces

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *IT office*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature *Mary Spina*

**To be Completed by: AUDITOR**

Original Acquisition Date No Data

G/L Account for Proceeds 1190-38 364A

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature *Donna K. Atwell*

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED

MAR 01 2019

BOONE COUNTY  
AUDITOR

Date: 2/15/2019

Fixed Asset Tag Number: N/A

Description of Asset: Access Point / Cisco AP

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): FTX1324N0J2, FTX1313T0GV, FTX1324N0GN, FTX1324N0GR, FTX1313T0GA, FTX1620E14Y, FTX1620E14X, FTX1622K6A5, FTX1701K06F

Condition of Asset: FAIR

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY *I to office*

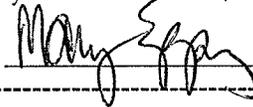
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit Court

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date NO data

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4/9/19

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: M066 No tag

Description of Asset: Monitor / E201

RECEIVED

FEB 28 2019

BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 6CM4010MMP

Condition of Asset: OUTDATED

Reason for Disposition: ROUTINE REPLACEMENT

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY IT office

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1210 Circuit 4

Signature: 

**To be Completed by: AUDITOR** No data

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds 1190-3836 

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature: 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/7/2019

Fixed Asset Tag Number: N/A

Description of Asset: Printer / HP DeskJet 3930

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FEB 28 2019

BOONE COUNTY  
AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): CN55C1H42R

Condition of Asset: BROKEN

Reason for Disposition: BROKEN NO LONGER FUNCTIONS

Location of Asset and Desired Date for Removal to Storage: IMMEDIATELY

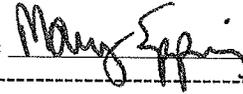
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1241 Juvenile Office

Signature



**To be Completed by: AUDITOR** *No Data*

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds *1190-3836 NA*

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number *151-2019*

Date Approved *4.9.19*

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 02/20/19

Fixed Asset Tag Number: No Inventory Tag

Description of Asset: Silver keyboard tray and accessories.

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Good

Reason for Disposition: No long using.

Location of Asset and Desired Date for Removal to Storage: Judges Office, Room 235, Boone Courthouse

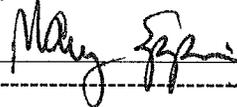
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Circuit Court 1210

Signature



**To be Completed by: AUDITOR** No Data

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 151-2019

Date Approved 4.9.19

Signature 

RECEIVED

FEB 21 2019

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/13/2019

FIXED ASSET TAG NUMBER: 00018435

DESCRIPTION: HP DL360  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL<sup>1170</sup> SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/05/10

G/L ACCOUNT FOR PROCEEDS 1190-3836 NA

ORIGINAL ACQUISITION AMOUNT 3,939.92

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

RECEIVED

MAR 14 2019

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/14/2019

FIXED ASSET TAG NUMBER: 00013080

DESCRIPTION: HP LASERJET 2200DN  
PRINTER LASER MONOCHROME

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2001 - POOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2001/07/19

G/L ACCOUNT FOR PROCEEDS 1190-3336 HQ

ORIGINAL ACQUISITION AMOUNT 1,334.61

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

**RECEIVED**  
**MAR 14 2019**  
BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00015049

DESCRIPTION: NEC ASLCD51VM  
MONITOR LCD 15 INCH

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

**MAR 22 2019**

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY  
AUDITOR**

CONDITION OF ASSET: PURCHASED IN 2005

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2005/06/22

G/L ACCOUNT FOR PROCEEDS 1190-3836 Na

ORIGINAL ACQUISITION AMOUNT 250.74

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00015808

DESCRIPTION: HP LP2065  
MONITOR LCD 20 INCH

**RECEIVED**

**MAR 22 2019**

**BOONE COUNTY  
AUDITOR**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2007

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/02/06

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 360.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00016095

DESCRIPTION: HP L1940T  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2007

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/04/06

G/L ACCOUNT FOR PROCEEDS 1190-38364a

ORIGINAL ACQUISITION AMOUNT 220.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

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**MAR 22 2019**

**BOONE COUNTY  
AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00016096

DESCRIPTION: HP L1940T  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2007

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/04/06

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 220.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

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MAR 22 2019

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00016097

DESCRIPTION: HP L1940T  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2007

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/04/06

G/L ACCOUNT FOR PROCEEDS 1190-3836112

ORIGINAL ACQUISITION AMOUNT 220.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

RECEIVED

MAR 22 2019

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00016098

DESCRIPTION: HP L1940T  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2007

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN ROOM GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/04/06

G/L ACCOUNT FOR PROCEEDS 1190-38364A

ORIGINAL ACQUISITION AMOUNT 220.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

RECEIVED

MAR 22 2019

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00016099

DESCRIPTION: HP L1940T  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2007

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/04/06

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 220.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

**RECEIVED**

**MAR 22 2019**

**BOONE COUNTY  
AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00016102

DESCRIPTION: HP L1940T  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2007

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

**RECEIVED**  
**MAR 22 2019**  
**BOONE COUNTY**  
**AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/04/06

G/L ACCOUNT FOR PROCEEDS 1190-383640

ORIGINAL ACQUISITION AMOUNT 220.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00016546

DESCRIPTION: HP L1950  
MONITOR LCD 19 INCH

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

**MAR 22 2019**

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY  
AUDITOR**

CONDITION OF ASSET: PURCHASED IN 2008

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2008/07/15

G/L ACCOUNT FOR PROCEEDS 1190-3836 HQ

ORIGINAL ACQUISITION AMOUNT 215.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00017082

DESCRIPTION: HP LE1911  
MONITOR LCD 19 INCH

**RECEIVED**

**MAR 22 2019**

**BOONE COUNTY  
AUDITOR**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2010

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2010/02/24

G/L ACCOUNT FOR PROCEEDS 2110-3836 He

ORIGINAL ACQUISITION AMOUNT 134.78

ORIGINAL FUNDING SOURCE 2788

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00017171

DESCRIPTION: HP LE1911  
MONITOR LCD 19 INCH

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

**MAR 22 2019**

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY  
AUDITOR**

CONDITION OF ASSET: PURCHASED IN 2010

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2010/06/09

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 141.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00017780

DESCRIPTION: HP LE1911  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2011

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES (NO)  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

**RECEIVED**

**MAR 22 2019**

**BOONE COUNTY  
AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2011/12/31

G/L ACCOUNT FOR PROCEEDS 1190-333640

ORIGINAL ACQUISITION AMOUNT 124.23

ORIGINAL FUNDING SOURCE 2782

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00017781

DESCRIPTION: HP LE1911  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2011

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2011/12/31

G/L ACCOUNT FOR PROCEEDS 1190-3836 NA

ORIGINAL ACQUISITION AMOUNT 124.23

ORIGINAL FUNDING SOURCE 2782

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

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MAR 22 2019

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00017782

DESCRIPTION: HP LE1911  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2011

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2011/12/31

G/L ACCOUNT FOR PROCEEDS 1190-3836 #2

ORIGINAL ACQUISITION AMOUNT 124.23

ORIGINAL FUNDING SOURCE 2782

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

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MAR 22 2019

BOONE COUNTY  
AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00017783

DESCRIPTION: HP LE1911  
MONITOR LCD 19 INCH

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

**MAR 22 2019**

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY  
AUDITOR**

CONDITION OF ASSET: PURCHASED IN 2011

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2011/12/31

G/L ACCOUNT FOR PROCEEDS 1190-3836 RA

ORIGINAL ACQUISITION AMOUNT 124.23

ORIGINAL FUNDING SOURCE 2782

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

#### APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00017784

DESCRIPTION: HP LE1911  
MONITOR LCD 19 INCH

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

**MAR 22 2019**

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY  
AUDITOR**

CONDITION OF ASSET: PURCHASED IN 2011

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES (NO)  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2011/12/31

G/L ACCOUNT FOR PROCEEDS 1190-3836

ORIGINAL ACQUISITION AMOUNT 124.23

ORIGINAL FUNDING SOURCE 2782

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

       TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

       TRADE             AUCTION             SEALED BIDS

       OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4-9-19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00017785

DESCRIPTION: HP LE1911  
MONITOR LCD 19 INCH

**RECEIVED**

**MAR 22 2019**

**BOONE COUNTY  
AUDITOR**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2011

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2011/12/31

G/L ACCOUNT FOR PROCEEDS 1190-38364A

ORIGINAL ACQUISITION AMOUNT 124.23

ORIGINAL FUNDING SOURCE 2782

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019

FIXED ASSET TAG NUMBER: 00017786

DESCRIPTION: HP LE1911  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2011

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2011/12/31

G/L ACCOUNT FOR PROCEEDS 1190-3836 RA

ORIGINAL ACQUISITION AMOUNT 124.23

ORIGINAL FUNDING SOURCE 2782

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

**RECEIVED**  
**MAR 22 2019**  
**BOONE COUNTY**  
**AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/22/2019 FIXED ASSET TAG NUMBER: 00017787

DESCRIPTION: HP LE1911  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED IN 2011

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP IN GC 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COLLECTOR 1150 SIGNATURE: Jennifer Riggins

### AUDITOR

ORIGINAL ACQUISITION DATE 2011/12/31

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 124.23

ORIGINAL FUNDING SOURCE 2782

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 151-2019

DATE APPROVED 4.9.19

SIGNATURE [Signature]

RECEIVED

MAR 22 2019

BOONE COUNTY  
AUDITOR

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

April Session of the April Adjourned

Term. 2019

County of Boone

In the County Commission of said county, on the 9th day of April 2019

the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby approve the attached Contract Amendment Number One to 09-30MAY18 for Carpet and Tile with Installation.

The terms of the amendment are stipulated in the attached Amendment. It is further ordered the Presiding Commissioner is hereby authorized to sign said Contract Amendment Number One.

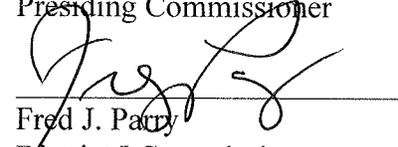
Done this 9th day of April 2019.

ATTEST:

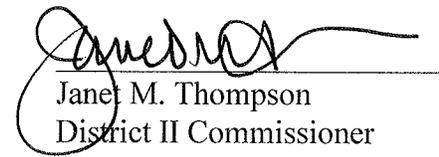
*Brianna L. Lennon*  
Brianna L. Lennon  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Fred J. Parry  
District I Commissioner



Janet M. Thompson  
District II Commissioner

# Boone County Purchasing

Liz Palazzolo  
Senior Buyer



613 E. Ash, Room 109  
Columbia, MO 65201  
Phone: (573) 886-4392  
Fax: (573) 886-4390

---

## MEMORANDUM

TO: Boone County Commission  
FROM: Liz Palazzolo, CPPO, C.P.M.  
DATE: March 26, 2019  
RE: Amendment #1 to Contract 09-30MAY18 for Carpet and Tile with Installation

Amendment #1 to contract 09-30MAY18 for Carpet and Tile with Installation for the Boone County Sheriff's Department that was awarded July 26, 2018 (Commission Order 357-2018) is being amended to add additional work needed to complete carpet and tile installation.

All other terms, conditions and prices of the original agreement remain unchanged.

Invoices will be paid from Department 6200 for Capital Repairs and Replacement, Account 60100 for Building Repairs/Maintenance: \$7,200.00.

/lp

cc: Gary German, Sheriff's Department  
Contract File #09-30MAY18

**CONTRACT AMENDMENT NUMBER ONE  
FOR  
CONTRACT 09-30MAY18 FOR CARPET AND TILE WITH INSTALLATION**

The Agreement **09-30MAY18** dated the 26th day of July, 2018 made by and between Boone County, Missouri and **Dave Griggs Flooring America**, for and in consideration of the performance of the respective obligations of the parties set forth herein, is amended as follows:

1. **ADD** the following tasks to complete the carpet and tiling at the Boone County Detention Center:

<b>Task Number</b>	<b>Task Description</b>	<b>Labor</b>	<b>Materials</b>	<b>Total, Guaranteed Not To Exceed Price – Additional to Project Total Previously Stated in Agreement</b>
1	Locker Room Cove Base, 4.5" rubber base including cove base adhesive with installation.	\$480.00	\$425.88	\$905.88
2	Medical Records Office - includes carpet and installation	\$500.00	No Cost	\$500.00
3	Floor Grinding: Unforeseen additional floor preparation concrete grinding at slab-pours, to include removing emulsified and molded adhesives in records area and other areas, and the removal of old asphalt tile adhesive in the breakroom and other areas where black mastic leached into top layers of existing concrete – includes change to moisture barrier material at no additional cost - all equipment, materials and supplies including costs.	\$5,550.00	No Cost	\$5,550.00
<b>Total Price for Additional Work:</b>				<b>\$6,955.88</b>

2. Except as specifically amended hereunder, all other terms, conditions, provisions and prices of the original agreement shall remain in full force and effect.

**IN WITNESS WHEREOF** the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

Commission Order: 152-2019

**DAVE GRIGGS FLOORING AMERICA**

DocuSigned by:  
By: Tim Sable  
45D21D8084C1431...

Title: project manager

**BOONE COUNTY, MISSOURI**

By: Boone County Commission

DocuSigned by:  
Daniel K. Atwill  
Daniel K. Atwill, Presiding Commissioner  
BA78334CED6E4EB...

**APPROVED AS TO FORM:**

DocuSigned by:  
Charly J. Duffane  
County Counselor  
58E1A0D59A41151...

**ATTEST:**

DocuSigned by:  
Brianna L. Lennon by MT  
County Clerk  
7D82DA938BF6495...

AUDITOR CERTIFICATION: In accordance with §RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

DocuSigned by:  
June E. Pritchard by c  
Signature  
E6D08ADB184244D...

3/29/2019

Date

6500/60100: \$6,955.88

Appropriation Account

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

County of Boone

} ea.

April Session of the April Adjourned

Term. 20 19

In the County Commission of said county, on the 9th day of April 20 19

the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby approve the attached Contract Amendment Number One to C215091002 – AFIS Livescans and Maintenance Services, Court Administration and the Sheriff’s Department.

The terms of the amendment are stipulated in the attached Amendment. It is further ordered the Presiding Commissioner is hereby authorized to sign said Contract Amendment Number One.

Done this 9th day of April 2019.

ATTEST:

*Brianna L. Lennon*  
Brianna L. Lennon  
Clerk of the County Commission

Daniel K. Atwill  
Presiding Commissioner

Fred J. Parry  
District I Commissioner

Janet M. Thompson  
District II Commissioner

# Boone County Purchasing

**Liz Palazzolo**  
Senior Buyer



613 E. Ash, Room 109  
Columbia, MO 65201  
Phone: (573) 886-4392  
Fax: (573) 886-4390

---

## MEMORANDUM

TO: Boone County Commission  
FROM: Liz Palazzolo, CPPO, C.P.M.  
DATE: Mach 28, 2019  
RE: Amendment #1 to Contract C215091002 – AFIS Livescans and Maintenance Services, Court Administration and the Sheriff’s Department

Amendment #1 to contract C215091002 for AFIS Livescans and Maintenance Services that was awarded March 6, 2018 (Commission Order 66-2018) is being amended to update the Sheriff’s Department’s maintenance coverage, update contract documentation including the contract period and contract number, and to add Livescan as a Service Subscription.

All other terms and conditions of the original agreement remain unchanged.

Invoices will be paid from the following codes:

1210 – Circuit Court Services/71600 - Equipment Leases & Meter Charges: \$6,592.00;  
1251 - Sheriff/60050 - Equipment Service Contract: \$4,411.00;  
2902 – Corrections – LE Sales Tax/60050 - Equipment Service Contract: \$6,580.00;  
2901 – Sheriff Operations/60050 - Equipment Service Contract: \$ 517.00;  
2550 – Sheriff Revolving Fund Activity/60050 - Equipment Service Contract: \$1,304.00.

/lp

cc: Leasa Quick, Sheriff’s Department  
Contract File C215091002

Commission Order: \_\_\_\_\_

**CONTRACT AMENDMENT NUMBER ONE TO CONTRACT C215091002 (FORMERLY C215091001)  
FOR  
AFIS LIVESCANS & MAINTENANCE SERVICE**

The Agreement **C215091002 (formerly C215091001)** dated the 8th day of June, 2017 made by and between the State of Missouri, Office of Administration on behalf of the Missouri State Highway Patrol, and **Idemia Identity & Security USA, LLC (dba MorphoTrak, LLC)**, as used by Boone County, Missouri which uses the same contract number and all terms and conditions of said contract, for and in consideration of the performance of the respective obligations of the parties set forth herein, is amended for Boone County as follows (NOTE: This amendment does not amend the State of Missouri contract):

1. **ADD** the Boone County Sheriff's Department to the contract as a recipient of maintenance and Livescan as a Service Subscription Service. Services the Boone County Sheriff's Department requires shall specifically include:
  - a. The MorphoTrak ELSA-R255C Livescan booking workstation, 2-Finger FAST ID, rolled fingerprints, cabinet, 500 ppi system the Sheriff's Department uses for its Sex Offender operations shall be retained under maintenance.
  - b. The CCW Livescan machine shall be removed from maintenance and receive time and materials coverage as needed, if needed.
  - c. Livescan as a Service Subscription (LSaaS) shall be provided for the Jail mugshot room. The attached **Idemia Service Agreement** (Attachment Two) shall be incorporated into the contract as pertains to provision of subscription services to the Jail mugshot room. Related to shifting the Jail mugshot equipment to Livescan as a Service Subscription (LSaaS), the following shall also apply:
    - i) The existing workstation shall be substituted with the MorphoTRak ELSA-P255D Live scan booking workstation at \$5,250.00 per year after the first year. The first year is provided free of charge to the County because the State of Missouri State Highway Patrol will pay for the County's MorphoTRak ELSA-P255D Live scan booking workstation per the terms of the Missouri State Highway Patrol Grant Agreement for the first year;
    - ii) The existing printer shall be substituted with the FBI Duplex Printer at \$678.00 per year after the first year. The first year is provided free of charge to the County because the County's first year shall be paid by the State of Missouri State Highway Patrol per the terms of the Missouri State Highway Patrol Grant Agreement;
    - iii) In addition, a Live Scan Cabinet shall be provided for the one-time cost of \$528.00 which shall be provided free of charge to the County. The County's Live Scan Cabinet shall be paid by the State of Missouri State Highway Patrol per the terms of the Missouri State Highway Patrol Grant Agreement.

See also Attachment One of this amendment which is incorporated by reference.

Commission Order: \_\_\_\_\_

Provisions of the **Missouri State Highway Patrol Grant Award Agreement** as attached shall apply and be incorporated in to the contract.

2. The contract number shall be changed from C215091001 to **C215091002** to accurately reflect the State of Missouri contract (C215091002) that Boone County is using for purchase of MorphoTrak maintenance and the Livescan as a Service Subscription (LSaaS).
3. The contract period shall be **renewed** to run through **June 30, 2019**. The County shall renew the contract consistent with renewals/extensions the State of Missouri establishes under contract C215091002. In the event the State of Missouri does not renew or extend contract C215091002, Boone County as applicable will pursue a single feasible source contract with **Idemia Identity & Security USA, LLC (dba MorphoTrak, LLC)** consistent with provisions of Section 34.044 RSMo in order to continue the five-year subscription agreement for Livescan as a Service Subscription (LSaaS).
4. The attached State of Missouri contract documentation shall be incorporated in the Boone County contract to ensure completeness of the Boone County contract using State of Missouri contract C215091002.
5. Except as specifically amended hereunder, all other terms, conditions and provisions of the original agreement shall remain in full force and effect.

**IN WITNESS WHEREOF** the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

**IDEMIA IDENTITY & SECURITY USA, LLC  
(dba) MORPHOTRAK, LLC**

**BOONE COUNTY, MISSOURI**

DocuSigned by:  
By: Michael Kato  
2875840C6CC64B4...

By: Boone County Commission

Title: Michael Kato, Vice President

DocuSigned by:  
David K. Atwill  
8A4339CE6E495...

David K. Atwill, Presiding Commissioner

**APPROVED AS TO FORM:**

**ATTEST:**

DocuSigned by:  
Charly J. Dohane  
601107D660443...

DocuSigned by:  
Brianna L. Lennon by MT  
70827A068BE6495...

**AUDITOR CERTIFICATION:**

In accordance with §RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

1210/71600: \$6,592.00; 1251/60050: \$4,411.00; 2902/60050: \$6,580.00; 2901/60050: \$517.00; 2550/60050: \$1,304.00.

DocuSigned by: <u>Dune P... by JJ</u> 41E4E8FC847D...	3/28/2019	
Signature	Date	Appropriation Account

## Contract C215091002 Amendment #1 - Attachment One

# LiveScan

<u>Node</u>	<u>Asset Tag</u>	<u>Location</u>	<u>Serial</u>	<u>Equip Type</u>	<u>Maintenance</u>	<u>On-going support needed</u>
MOELSAD01	19101	CCW	0002	PC	No	No
MOELSAD01	19100	CCW	CN0RVC217426139N2RPU	Monitor	No	No
MOELSAD01	19474	CCW	ACJ243008243	Fingerprint Capture	No	No
MOILS63	17856	Mugshot	4G6RGQ1	PC	Yes	replaced by livescan as a service
MOILS63	17858	Mugshot	794HD70	Printer	Yes	replaced by livescan as a service
MOILS63	17857	Mugshot	CS9000212	Monitor	Yes	replaced by livescan as a service
MOELSAC41	19849	Sex Offender	CNOYGP3972872533AVDL	Monitor	Yes	Yes, maintenance needed
MOELSAC41	21432	Sex Offender	0012	PC	Yes	Yes, maintenance needed
MOELSAC41	19846	Sex Offender	AEV075100955	Fingerprint Capture	Yes	Yes, maintenance needed
MOELSAC41	19850	Sex Offender	40634C6601PGX	Printer	Yes	Yes, maintenance needed
MOELSAC41	19847	Sex Offender	131898	Retina Scanner	Yes	Yes, maintenance needed
MOELSAC41	19845	Sex Offender	2073116791	Camera	Yes	Yes, maintenance needed
MOMISO0001	19861	Mobile		Thumb Capture	Yes	Yes, maintenance needed
MOMISO0002	19862	Mobile		Thumb Capture	Yes	Yes, maintenance needed
MOMISO0005	19134	Mobile		Thumb Capture	No	Will remove from service
MOMISO0006	19135	Mobile		Thumb Capture	No	Will remove from service
New unit	??	Mobile	18250070	Morphoident	Yes	Under warranty
New unit	??	Mobile	18250120	Morphoident	Yes	Under warranty

Attachment Two



5515 East La Palma Ave., Suite 100  
Anaheim, CA 92807  
Tel: (714) 238-2000  
Fax: (714) 238-2049

January 8, 2019

Melinda Bobbitt  
Boone County Sheriff  
2121 County, MO 65202  
Columbia, MO 65202  
Mbobbitt@boonecountymmo.org  
(573) 886-4391

**RE: Maintenance and Support Agreement # 004627-000 – LiveScan**

By means of this letter, Idemia Identity & Security USA LLC (“IDEMIA” or “Seller”) hereby extends **Boone County Sheriff Maintenance and Support Agreement** as referenced above.

Please find enclosed the Exhibit A, B and C and the Terms and Conditions for the period **January 1, 2019 through December 31, 2019**.

Please indicate acceptance of this agreement by signing in the acceptance block below and returning it to my attention via Email at [Claudia.Trejo@external.idemia.com](mailto:Claudia.Trejo@external.idemia.com).

Once again, if you have any questions or need further clarification, please contact me at (714) 632-2155 or e-mail [Claudia.Trejo@external.idemia.com](mailto:Claudia.Trejo@external.idemia.com) Thank you in advance.

Sincerely,

Claudia Trejo  
Contracts Administration Specialist  
Idemia, LLC

**Accepted by:**

**IDEMIA IDENTITY & SECURITY USA LLC**

**BOONE COUNTY SHERIFF**

Signed by: \_\_\_\_\_

Signed by: \_\_\_\_\_

Printed Name: Michael Kato

Printed Name: \_\_\_\_\_

Title: Vice President

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note: this is not an invoice. An Invoice will be provided after receipt of the signed document or purchase order.**

---

### Exhibit-A: Description of Covered Products

---

**MAINTENANCE AND SUPPORT AGREEMENT NO.** SA # 004627-000

**CUSTOMER:** Boone County Sheriff

---

The following table lists the Products under maintenance coverage:

Product	Description	Node	Qty	Maintenance Fee
LiveScan	LiveScan System	MOELSAD01	1	Removed
LiveScan	LiveScan System	MOILS63	1	Removed
LiveScan	LiveScan System	MOELSAC41	1	\$5,258.19
MorpholDent	Morpholdent Handheld Device	MOMISO0001	1	\$136.35
MorpholDent	Morpholdent Handheld Device	MOMISO0002	1	\$136.35
MorpholDent	Morpholdent Handheld Device	MOMISO0005	1	Removed
MorpholDent	Morpholdent Handheld Device	MOMISO0006	1	Removed

#### Warranty Coverage 12/21/2018 – 12/20/2019

Product	Description	Node	Qty	Maintenance Fee
Morpholdent	Morpholdent Handheld Device	TBD	2	Warranty

## Exhibit-B: Maintenance and Support Agreement - Number SA # 004627-000

This Support Plan is a Statement of Work that provides a description of the support to be performed.

1. **Services Provided.** The Services provided are based on the Severity Levels as defined herein. Each Severity Level defines the actions that will be taken by Seller for Response Time, Target Resolution Time, and Resolution Procedure for reported errors. Because of the urgency involved, Response Times for Severity Levels 1 and 2 are based upon voice contact by Customer, as opposed to written contact by facsimile or letter. Resolution Procedures are based upon Seller's procedures for Service as described below.

Severity Level	Definition	Response Time	Target Resolution Time
1	Total System Failure - occurs when the System is not functioning and there is no workaround; such as a Central Server is down or when the workflow of an entire agency is not functioning.	Telephone conference within 1 hour of initial voice notification	Resolve within 24 hours of initial notification
2	Critical Failure - Critical process failure occurs when a crucial element in the System that does not prohibit continuance of basic operations is not functioning and there is usually no suitable work-around. Note that this may not be applicable to intermittent problems.	Telephone conference within 3 Standard Business Hours of initial voice notification	Resolve within 7 Standard Business Days of initial notification
3	Non-Critical Failure - Non-Critical part or component failure occurs when a System component is not functioning, but the System is still useable for its intended purpose, or there is a reasonable workaround.	Telephone conference within 6 Standard Business Hours of initial notification	Resolve within 180 days in a Seller-determined Patch or Release.
4	Inconvenience - An inconvenience occurs when System causes a minor disruption in the way tasks are performed but does not stop workflow.	Telephone conference within 2 Standard Business Days of initial notification	At Seller's discretion, may be in a future Release.
5	Customer request for an enhancement to System functionality is the responsibility of Seller's Product Management.	Determined by Seller's Product Management.	If accepted by Seller's Product Management, a release date will be provided with a fee schedule, when appropriate.

1.1 **Reporting a Problem.** Customer shall assign an initial Severity Level for each error reported, either verbally or in writing, based upon the definitions listed above. Because of the urgency involved, Severity Level 1 or 2 problems must be reported verbally to the Seller's call intake center. Seller will notify the Customer if Seller makes any changes in Severity Level (up or down) of any Customer-reported problem.

1.2 **Seller Response.** Seller will use best efforts to provide Customer with a resolution within the appropriate Target Resolution Time and in accordance with the assigned Severity Level when Customer allows timely access to the System and Seller diagnostics indicate that a Residual Error is present in the Software. Target Resolution Times may not apply if an error cannot be reproduced on a regular basis on either Seller's or Customer's Systems. Should Customer report an error that Seller cannot reproduce, Seller may enable a detail error capture/logging process to monitor the System. If Seller is unable to correct the reported Residual Error within the specified Target Resolution Time, Seller will escalate its procedure and assign such personnel or designee to correct such Residual Error promptly. Should Seller, in its sole discretion, determine that such Residual Error is not present in its Release, Seller will verify: (a) the Software operates in conformity to the System Specifications, (b) the Software is being used in a manner for which it was intended or designed, and (c) the Software is used only with approved hardware or software. The Target Resolution Time shall not commence until such time as the verification procedures are completed.

1.3 **Error Correction Status Report.** Seller will provide verbal status reports on Severity Level 1 and 2 Residual Errors. Written status reports on outstanding Residual Errors will be provided to System Administrator on a monthly basis.

### 2. **Customer Responsibility.**

2.1 Customer is responsible for running any installed anti-virus software.

2.2 **Operating System ("OS") Upgrades.** Unless otherwise stated herein, Customer is responsible for any OS upgrades to its System. Before installing any OS upgrade, Customer should contact Seller to verify that a given OS upgrade is appropriate.

### 3. **Seller Responsibility.**

3.1 **Anti-virus software.** At Customer's request, Seller will make every reasonable effort to test and verify specific anti-virus, anti-worm, or anti-hacker patches against a replication of Customer's application. Seller will respond to any reported problem as an escalated support call.

3.2 **Customer Notifications.** Seller shall provide access to (a) Field Changes; (b) Customer Alert Bulletins; and (c) hardware and firmware updates, as released and if applicable.

3.3 **Account Reviews.** Seller shall provide annual account reviews to include (a) service history of site; (b) downtime analysis; and (c) service trend analysis.

3.4 **Remote Installation.** At Customer's request, Seller will provide remote installation advice or assistance for Updates.

3.5 Software Release Compatibility. At Customer's request, Seller will provide: (a) current list of compatible hardware operating system releases, if applicable; and (b) a list of Seller's Software Supplemental or Standard Releases

3.6 On-Site Correction. Unless otherwise stated herein, all suspected Residual Errors will be investigated and corrected from Seller's facilities. Seller shall decide whether on-site correction of any Residual Error is required and will take appropriate action.

4. Compliance to Local, County, State and/or Federal Mandated Changes. *(Applies to Software and interfaces to those Products)* Unless otherwise stated herein, compliance to local, county, state and/or federally mandated changes, including but not limited to IBR, UCR, ECARS, NCIC and state interfaces are not part of the covered Services.

*(The below listed terms are applicable only when the Maintenance and Support Agreement includes (a) Equipment which is shown on the Description of Covered Products, Exhibit A to the Maintenance.)*

5. On-site Product Technical Support Services. Seller shall furnish labor and parts required due to normal wear to restore the Equipment to good operating condition.

5.1 Seller Response. Seller will provide telephone and on-site response to Central Site, defined as the Customer's primary data processing facility, and Remote Site, defined as any site outside the Central Site, as shown in Support Plan Options and Pricing Worksheet.

5.2 At Customer's request, Seller shall provide continuous effort to repair a reported problem beyond the PPM. Provided Customer gives Seller access to the Equipment before the end of the PPM, Seller shall extend a two (2) hour grace period beyond PPM at no charge. Following this grace period, any additional on-site labor support shall be invoiced on a time and material basis at Seller's then current rates for professional services.

## Exhibit-C: Support Plan Options and Pricing Worksheet

Maintenance and Support Agreement # 004627-000 Date January 8, 2019

New Term Effective Start January 1, 2019 End December 31, 2019

<b>Customer:</b> <u>Boone County Sheriff</u> Address (1): <u>2121 County, MO 65202</u> Address (2): _____ City/State/Zip: <u>Columbia, MO 65202</u> <b>Contact Name:</b> <u>Melinda Bobbitt</u> Telephone: <u>(573) 886-4391</u> Fax: _____ Email: <u>Mbobbitt@boonecountymmo.org</u>	<b>Billing Agency:</b> _____ Address (1): _____ Address (2): _____ City/State/Zip: _____ <b>Contact Name:</b> _____ Telephone: _____ Fax: _____ Email: _____
--	---

<input checked="" type="checkbox"/> Morphident	<input checked="" type="checkbox"/> LiveScan™ Station	<input type="checkbox"/> MORPHO BIS System
--	---	--

### STANDARD SUPPORT

**Advantage – Software Support**

- |                               |                                     |  |
|-------------------------------|-------------------------------------|--|
| ◆ Telephone Response: 2 Hour  | ◆ Standard Releases & Updates       | ◆ Supplemental Releases & Updates      |
| ◆ Remote Dial-In Analysis     | ◆ Software Customer Alert Bulletins | ◆ 8 a.m. – 5 p.m. Monday to Friday PPM |
| ◆ Unlimited Telephone Support | ◆ Automatic Call Escalation         |  |

**On-Site Hardware Support**

- |  |                                     |   |
|--|-------------------------------------|---|
| ◆ 8 a.m. – 5 p.m. Monday to Friday PPM | ◆ Defective Parts Replacement       | ◆ Hardware Service Reporting            |
| ◆ Next Day PPM On-site Response        | ◆ Escalation Support                | ◆ Product Repair                        |
| ◆ Hardware Vendor Liaison              | ◆ Hardware Customer Alert Bulletins | ◆ Equipment Inventory Detail Management |

**Parts Support**

- ◆ Parts Ordered & Shipped Next Business Day      ◆ Parts Customer Alert Bulletins

*\* If customer is providing their own on-site hardware support, the following applies:*

- Customer Orders & Replaces Parts      ➤ Telephone Technical Support for Parts Replacement Available

### ADDITIONAL OPTIONS

- Users Conference Attendance** (\$3,415 per Attendee)      Year: \_\_\_\_\_ Number Attendees Requested
- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Registration fee</li> <li>• Daily meals</li> <li>• Hotel accommodations</li> </ul> | <ul style="list-style-type: none"> <li>• Roundtrip travel for event</li> <li>• Ground transportation to/from the conference airport to the conference hotel</li> </ul> |
|---|--|

**Additional Options: Sub-TOTAL**      **\$5,530.90**

**Reinstatement fee**      **\$1,659.27**

**GRAND TOTAL**      **\$7,190.17**

PLEASE PROVIDE A COPY OF YOUR CURRENT TAX EXEMPTION CERTIFICATE (if applicable)

## Maintenance and Support Agreement - Number SA # 004627-000

### Terms & Conditions

Idemia, LLC, ("Idemia" or "Seller") having a principal place of business at 5515 East La Palma Avenue, Suite 100, Anaheim, CA 92807, and Boone County Sheriff ("Customer"), having a place of business at 2121 County, MO 65202, Columbia, MO 65202, enter into this Maintenance and Support Agreement ("Agreement"), pursuant to which Customer will purchase and Seller will sell the maintenance and support services as described below and in the attached exhibits. Seller and Customer may be referred to individually as "party" and collectively as "parties."

For good and valuable consideration, the parties agree as follows.

#### Section 1. EXHIBITS

The Exhibits listed below are incorporated into and made a part of this Agreement. In interpreting this Agreement and resolving any ambiguities, the main body of this Agreement will take precedence over the Exhibits and any inconsistency between the Exhibits will be resolved in the order in which they are listed below.

Exhibit-A "Description of Covered Products"

Exhibit-B "Support Plan"

Exhibit-C "Support Plan Options and Pricing Worksheet"

#### Section 2. DEFINITIONS

"Equipment" means the physical hardware purchased by Customer from Seller pursuant to a separate System Agreement, Products Agreement, or other form of agreement.

"Idemia" means Idemia, LLC.

"Idemia Software" means Software that Idemia or Seller owns. The term includes Product Releases, Standard Releases, and Supplemental Releases.

"Non-Idemia Software" means Software that a party other than Idemia or Seller owns.

"Optional Technical Support Services" means fee-based technical support services that are not covered as part of the standard Technical Support Services.

"Patch" means a specific change to the Software that does not require a Release.

"Principal Period of Maintenance" or "PPM" means the specified days, and times during the days, that maintenance and support services will be provided under this Agreement. The PPM selected by Customer is indicated in the Support Plan Options and Pricing Worksheet.

"Products" means the Equipment (if applicable as indicated in the Description of Covered Products) and Software provided by Seller.

"Releases" means an Update or Upgrade to the Idemia Software and are characterized as "Supplemental Releases," "Standard Releases," or "Product Releases." A "Supplemental Release" is defined as a minor release of Idemia Software that contains primarily error corrections to an existing Standard Release and may contain limited improvements that do not affect the overall structure of the Idemia Software. Depending on Customer's specific configuration, a Supplemental Release might not be applicable. Supplemental Releases are identified by the third digit of the three-digit release number, shown here as underlined: "1.2.3". A "Standard Release" is defined as a major release of Idemia Software that contains product enhancements and improvements, such as new databases, modifications to databases, or new servers. A Standard Release may involve file and database conversions, System configuration changes,

hardware changes, additional training, on-site installation, and System downtime. Standard Releases are identified by the second digit of the three-digit release number, shown here as underlined: "1.2.3". A "Product Release" is defined as a major release of Idemia Software considered to be the next generation of an existing product or a new product offering. Product Releases are identified by the first digit of the three-digit release number, shown here as underlined: "1.2.3". If a question arises as to whether a Product offering is a Standard Release or a Product Release, Idemia's opinion will prevail, provided that Idemia treats the Product offering as a new Product or feature for its end user customers generally.

"Residual Error" means a software malfunction or a programming, coding, or syntax error that causes the Software to fail to conform to the Specifications.

"Services" means those maintenance and support services described in the Support Plan and provided under this Agreement.

"Software" means the Idemia Software and Non-Idemia Software that is furnished with the System or Equipment.

"Specifications" means the design, form, functionality, or performance requirements described in published descriptions of the Software, and if also applicable, in any modifications to the published specifications as expressly agreed to in writing by the parties.

"Standard Business Day" means Monday through Friday, 8:00 a.m. to 5:00 p.m. local time, excluding established Idemia holidays.

"Standard Business Hour" means a sixty (60) minute period of time within a Standard Business Day(s).

"Start Date" means the date upon which this Agreement begins. The Start Date is specified in the Support Plan Options and Pricing Worksheet.

"System" means the Products and services provided by Seller as a system as more fully described in the Technical and Implementation Documents attached as exhibits to a System Agreement between Customer and Seller (or Idemia).

"Technical Support Services" means the remote telephonic support provided by Seller on a standard and centralized basis concerning the Products, including diagnostic services and troubleshooting to assist Customer in ascertaining the nature of a problem being experienced by the Customer, minor assistance concerning the use of the Software (including advising or assisting the Customer in attempting data/database recovery, database set up, client-server advice), and assistance or advice on installation of Releases provided under this Agreement.

"Update" means a Supplemental Release or a Standard Release.

"Upgrade" means a Product Release.

#### Section 3. SCOPE AND TERM OF SERVICES

3.1. In accordance with the provisions of this Agreement and in consideration of the payment by Customer of the price for the Services, Seller will provide to Customer the Services in accordance with Customer's selections as indicated in the Support Plan Options and Pricing Worksheet, and such Services will apply only to the Products described in the Description of Covered Products.

3.2. Unless the Support Plan Options and Pricing Worksheet expressly provides to the contrary, the term of this Agreement is one (1) year, beginning on the Start Date. This

annual maintenance and support period will automatically renew upon the anniversary date for successive one (1) year periods unless either party notifies the other of its intention to not renew the Agreement (in whole or part) not less than thirty (30) days before the anniversary date or this Agreement is terminated for default by a party.

3.3. This Agreement covers all copies of the specified Software listed in the Description of Covered Products that are licensed by Seller to Customer. If the price for Services is based upon a per unit fee, such price will be calculated on the total number of units of the Software that are licensed to Customer as of the beginning of the annual maintenance and support period. If, during an annual maintenance and support period, Customer acquires additional units of the Software that is covered by this Agreement, the price for maintenance and support services for those additional units will be calculated and added to the total price either (1) if and when the annual maintenance and support period is renewed or (2) immediately when Customer acquires the additional units, as Idemia determines. Seller may adjust the price of the maintenance and support services effective as of a renewal if it provides to Customer notice of the price adjustment at least forty-five (45) days before the expiration of the annual maintenance and support period. If Customer notifies Seller of its intention not to renew this Agreement as permitted by Section 3.2 and later wishes to reinstate this Agreement, it may do so with Seller's consent provided (a) Customer pays to Seller the amount that it would have paid if Customer had kept this Agreement current, (b) Customer ensures that all applicable Equipment is in good operating conditions at the time of reinstatement, and (c) all copies of the specified Software listed in the Description of Covered Products are covered.

3.4. When Seller performs Services at the location of installed Products, Customer agrees to provide to Seller, at no charge, a non-hazardous environment for work with shelter, heat, light, and power, and with full and free access to the covered Products. Customer will provide all information pertaining to the hardware and software with which the Products are interfacing to enable Seller to perform its obligations under this Agreement.

3.5. All Customer requests for covered Services will be made initially with the call intake center identified in the Support Plan Options and Pricing Worksheet.

3.6. Seller will provide to Customer Technical Support Services and Releases as follows:

3.6.1. Seller will provide unlimited Technical Support Services and correction of Residual Errors during the PPM in accordance with the exhibits. The level of Technical Support depends upon the Customer's selection as indicated in the Support Plan Options and Pricing Worksheet. Any Technical Support Services that are performed by Seller outside the contracted PPM and any Residual Error corrections that are outside the scope shall be billed at the then current hourly rates. Technical Support Services will be to investigate specifics about the functioning of covered Products to determine whether there is a defect in the Product and will not be used in lieu of training on the covered Products.

3.6.2. Unless otherwise stated in paragraph 3.6.3 or if the Support Plan Options and Pricing Worksheet expressly provides to the contrary, Seller will provide to Customer without additional license fees an available Supplemental or Standard Release after receipt of a request from Customer, but Customer must pay for any installation or other services and any necessary Equipment or third party software provided by Seller in connection with such Supplemental or Standard Release. Any services will be performed in accordance with a mutually agreed schedule.

3.6.3 Seller will provide to Customer an available Product Release after receipt of a request from Customer, but Customer must pay for all additional license fees, any installation or other services, and any necessary Equipment provided by Seller in connection with such Product Release. Any services will be performed in accordance with a mutually agreed schedule.

3.6.4. Seller does not warrant that a Release will meet Customer's particular requirement, operate in the combinations

that Customer will select for use, be uninterrupted or error-free, be backward compatible, or that all errors will be corrected. Full compatibility of a Release with the capabilities and functions of earlier versions of the Software may not be technically feasible. If it is technically feasible, services to integrate these capabilities and functions to the updated or upgraded version of the Software may be purchased at Customer's request on a time and materials basis at Seller's then current rates for professional services.

3.6.5. Seller's responsibilities under this Agreement to provide Technical Support Services shall be limited to the current Standard Release plus the two (2) prior Standard Releases (collectively referred to in this section as "Covered Standard Releases."). Notwithstanding the preceding sentence, Seller will provide Technical Support Services for a Severity Level 1 or 2 error concerning a Standard Release that precedes the Covered Standard Releases unless such error has been corrected by a Covered Standard Release (in which case Customer shall install the Standard Release that fixes the reported error or terminate this Agreement as to the applicable Software).

3.7. The maintenance and support Services described in this Agreement are the only covered services. Unless Optional Technical Support Services are purchased, these Services specifically exclude and Seller shall not be responsible for:

3.7.1. Any service work required due to incorrect or faulty operational conditions, including but not limited to Equipment not connected directly to an electric surge protector, or not properly maintained in accordance with the manufacturer's guidelines.

3.7.2. The repair or replacement of Products or parts resulting from failure of the Customer's facilities, Customer's personal property and/or devices connected to the System (or interconnected to devices) whether or not installed by Seller's representatives.

3.7.3. The repair or replacement of Equipment that has become defective or damaged due to physical or chemical misuse or abuse, Customer's negligence, or from causes such as lightning, power surges, or liquids.

3.7.4. Any transmission medium, such as telephone lines, computer networks, or the worldwide web, or for Equipment malfunction caused by such transmission medium.

3.7.5. Accessories, custom or Special Products; modified units; or modified Software.

3.7.6. The repair or replacement of parts resulting from the tampering by persons unauthorized by Seller or the failure of the System due to extraordinary uses.

3.7.7. Operation and/or functionality of Customer's personal property, equipment, and/or peripherals and any application software not provided by Seller.

3.7.8. Services for any replacement of Products or parts directly related to the removal, relocation, or reinstallation of the System or any System component.

3.7.9. Services to diagnose technical issues caused by the installation of unauthorized components or misuse of the System.

3.7.10 Services to diagnose malfunctions or inoperability of the Software caused by changes, additions, enhancements, or modifications in the Customer's platform or in the Software.

3.7.11 Services to correct errors found to be caused by Customer-supplied data, machines, or operator failure.

3.7.12. Operational supplies, including but not limited to, printer paper, printer ribbons, toner, photographic paper, magnetic tapes and any supplies in addition to that delivered with the System; battery replacement for uninterruptible power supply (UPS); office furniture including chairs or workstations.

3.7.13. Third-party software unless specifically listed on the Description of Covered Products.

3.7.14. Support of any interface(s) beyond Seller-provided port or cable, or any services that are necessary because third party hardware, software or supplies fail to conform to the specifications concerning the Products.

3.7.15. Services related to customer's failure to back up its data or failure to use an UPS system to protect against power interruptions.

3.7.16. Any design consultation such as, but not limited to, configuration analysis, consultation with Customer's third-party provider(s), and System analysis for modifications or Upgrades or Updates which are not directly related to a Residual Error report.

3.8. The Customer hereby agrees to:

3.8.1. Maintain any and all electrical and physical environments in accordance with the System manufacturer's specifications.

3.8.2. Provide standard industry precautions (e.g. back-up files) ensuring database security, per Seller's recommended backup procedures.

3.8.3. Ensure System accessibility, which includes physical access to buildings as well as remote electronic access. Remote access can be stipulated and scheduled with customer; however, remote access is required and will not be substituted with on-site visits if access is not allowed or available.

3.8.4. Appoint one or more qualified employees to perform System Administration duties, including acting as a primary point of contact to Seller's Customer Support organization for reporting and verifying problems, and performing System backup. At least one member of the System Administrators group should have completed Seller's End-User training and System Administrator training (if available). The combined skills of this System Administrators group should include proficiency with: the Products, the system platform upon which the Products operate, the operating system, database administration, network capabilities such as backing up, updating, adding, and deleting System and user information, and the client, server and stand alone personal computer hardware. The System Administrator shall follow the Residual Error reporting process described herein and make all reasonable efforts to duplicate and verify problems and assign a Severity Level according to definitions provided herein. Customer agrees to use reasonable efforts to ensure that all problems are reported and verified by the System Administrator before reporting them to Seller. Customer shall assist Seller in determining that errors are not the product of the operation of an external system, data links between system, or network administration issues. If a Severity Level 1 or 2 Residual Error occurs, any Customer representative may contact Seller's Customer Support Center by telephone, but the System Administrator must follow up with Seller's Customer Support as soon as practical thereafter.

3.9. In performing repairs under this Agreement, Seller may use parts that are not newly manufactured but which are warranted to be equivalent to new in performance. Parts replaced by Seller shall become Seller's property.

3.10 Customer shall permit and cooperate with Seller so that Seller may periodically conduct audits of Customer's records and operations pertinent to the Services, Products, and usage of application and data base management software. If the results of any such audit indicate that price has been understated, Seller may correct the price and immediately invoice Customer for the difference (as well as any unpaid but owing license fees). Seller will limit the number of audits to no more than one (1) per year except Seller may conduct quarterly audits if a prior audit indicated the price had been understated.

3.11. If Customer replaces, upgrades, or modifies equipment, or replaces, upgrades, or modifies hardware or software that interfaces with the covered Products, Seller will have the right to adjust the price for the Services to the appropriate current price for the new configuration.

3.12 Customer shall agree not to attempt or apply any update(s), alteration(s), or change(s) to the database software without the prior approval of the Seller.

#### **Section 4. RIGHT TO SUBCONTRACT AND ASSIGN**

Seller may assign its rights and obligations under this Agreement and may subcontract any portion of Seller's performance called for by this Agreement.

#### **Section 5. PRICING, PAYMENT AND TERMS**

5.1 Prices in United States dollars are shown in the Support Plan Options and Pricing Worksheet and are subject to a 5% escalation fee for each subsequent support year. Unless this exhibit expressly provides to the contrary, the price is payable annually in advance. Seller will provide to Customer an invoice, and Customer will make payments to Seller within twenty (20) days after the date of each invoice. During the term of this Agreement, Customer will make payments when due in the form of a check, cashier's check, or wire transfer drawn on a United States financial institution.

5.2. Overdue invoices will bear simple interest at the rate of ten percent (10%) per annum, unless such rate exceeds the maximum allowed by law, in which case it will be reduced to the maximum allowable rate.

5.3 If Customer requests, Seller may provide services outside the scope of this Agreement or after the termination or expiration of this Agreement and Customer agrees to pay for those services. These terms and conditions and the prices in effect at the time such services are rendered will apply to those services.

5.4 Price(s) are exclusive of any taxes, duties, export or customs fees, including Value Added Tax or any other similar assessments imposed upon Seller. If such charges are imposed upon Seller, Customer shall reimburse Seller upon receipt of proper documentation of such assessments.

#### **Section 6. LIMITATION OF LIABILITY**

**This limitation of liability provision shall apply notwithstanding any contrary provision in this Agreement. Except for personal injury or death, Seller's (including any of its affiliated companies) total liability arising from this Agreement will be limited to the direct damages recoverable under law, but not to exceed the price of the maintenance and support services being provided for one (1) year under this Agreement. ALTHOUGH THE PARTIES ACKNOWLEDGE THE POSSIBILITY OF SUCH LOSSES OR DAMAGES, THEY AGREE THAT SELLER (INCLUDING ANY OF ITS AFFILIATED COMPANIES) WILL NOT BE LIABLE FOR ANY COMMERCIAL LOSS; INCONVENIENCE; LOSS OF USE, TIME, DATA, GOOD WILL, REVENUES, PROFITS OR SAVINGS; OR OTHER SPECIAL, INCIDENTAL, INDIRECT, OR CONSEQUENTIAL DAMAGES IN ANY WAY RELATED TO OR ARISING FROM THIS AGREEMENT, THE SALE OR USE OF THE SYSTEM, EQUIPMENT OR SOFTWARE, OR THE PERFORMANCE OF SERVICES BY SELLER PURSUANT TO THIS AGREEMENT. This limitation of liability will survive the expiration or termination of this Agreement. No action for breach of this Agreement or otherwise relating to the transactions contemplated by this Agreement may be brought more than one (1) year after the accrual of such cause of action, except for money due upon an open account.**

#### **Section 7. DEFAULT/TERMINATION**

7.1. If Idemia breaches a material obligation under this Agreement (unless Customer or a Force Majeure causes such failure of performance), Customer may consider Idemia to be in default. If Customer asserts a default, it will give Idemia written and detailed notice of the default. Idemia will have thirty (30) days thereafter either to dispute the assertion or provide a written plan to cure the default that is acceptable to Customer. If Idemia provides a cure plan, it will begin implementing the cure plan immediately after receipt of Customer's approval of the plan.

7.2. If Customer breaches a material obligation under this Agreement (unless Idemia or a Force Majeure causes such failure of performance); if Customer breaches a material obligation under the Software License Agreement that governs the Software covered by this Agreement; or if Customer fails to pay any amount when due under this Agreement, indicates that it is unable to pay any amount when due, indicates it is unable to pay its debts generally as they become due, files a voluntary petition under bankruptcy law, or fails to have dismissed within ninety (90) days any involuntary petition under bankruptcy law, Idemia may

consider Customer to be in default. If Idemia asserts a default, it will give Customer written and detailed notice of the default and Customer will have thirty (30) days thereafter to (i) dispute the assertion, (ii) cure any monetary default (including interest), or (iii) provide a written plan to cure the default that is acceptable to Idemia. If Customer provides a cure plan, it will begin implementing the cure plan immediately after receipt of Idemia's approval of the plan.

7.3. If a defaulting party fails to cure the default as provided above in Sections 7.1 or 7.2, unless otherwise agreed in writing, the non-defaulting party may terminate any unfulfilled portion of this Agreement and may pursue any legal or equitable remedies available to it subject to the provisions of Section 6 above.

7.4. Upon the expiration or earlier termination of this Agreement, Customer and Seller shall immediately deliver to the other Party, as the disclosing Party, all Confidential Information of the other, including all copies thereof, which the other Party previously provided to it in furtherance of this Agreement. Confidential Information shall include: (a) proprietary materials and information regarding technical plans; (b) any and all other information, of whatever type and in whatever medium including data, developments, trade secrets and improvements, that is disclosed by Seller to Customer in connection with this Agreement; (c) all geographic information system, address, telephone, or like records and data provided by Customer to Seller in connection with this Agreement that is required by law to be held confidential.

**Section 8. GENERAL TERMS AND CONDITIONS**

8.1. Notices required under this Agreement to be given by one party to the other must be in writing and either delivered in person or sent to the address shown below by certified mail, return receipt requested and postage prepaid (or by a recognized courier service), or by facsimile with correct answerback received, and shall be effective upon receipt

**Customer:** Boone County Sheriff  
**Attn:** Melinda Bobbitt  
2121 County, MO 65202  
Columbia, MO 65202  
Phone: (573) 886-4391

**Seller:** Idemia, LLC  
**Attn:** Maintenance Agreements  
5515 East La Palma Avenue, Suite 100  
Anaheim, CA 92807  
Phone: (714)238-2000 Fax: (714)632-2158

8.2. Neither party will be liable for its non-performance or delayed performance if caused by an event, circumstance, or act of a third party that is beyond such party's reasonable control.

8.3. Failure or delay by either party to exercise any right or power under this Agreement will not operate as a waiver of such right or power. For a waiver to be effective, it must be in writing signed by the waiving party. An effective waiver of a right or power shall not be construed as either a future or continuing waiver of that same right or power, or the waiver of any other right or power.

8.4. Customer may not assign any of its rights under this Agreement without Idemia's prior written consent.

8.5. This Agreement, including the exhibits, constitutes the entire agreement of the parties regarding the covered maintenance and support services and supersedes all prior and concurrent agreements and understandings, whether written or

oral, related to the services performed. Neither this Agreement nor the Exhibits may not be altered, amended, or modified except by a written agreement signed by authorized representatives of both parties. Customer agrees to reference this Agreement on all purchase orders issued in furtherance of this Agreement. Neither party will be bound by any terms contained in Customer's purchase orders, acknowledgements, or other writings (even if attached to this Agreement).

8.6. This Agreement will be governed by the laws of the United States to the extent that they apply and otherwise by the laws of the State to which the Products are shipped if Licensee is a sovereign government entity or the laws of the State of Delaware if Licensee is not a sovereign government entity.

**Section 9. CERTIFICATION DISCLAIMER**

Seller specifically disclaims all certifications regarding the manner in which Seller conducts its business or performs its obligations under this Agreement, unless such certifications have been expressly accepted and signed by an authorized signatory of Seller.

**Section 10. COMPLIANCE WITH APPLICABLE LAWS**

The Parties shall at all times comply with all applicable regulations, licenses and orders of their respective countries relating to or in any way affecting this Agreement and the performance by the Parties of this Agreement. Each Party, at its own expense, shall obtain any approval or permit required in the performance of its obligations. Neither Seller nor any of its employees is an agent or representative of Customer.

**IN WITNESS WHEREOF**, the Parties have caused this Agreement to be duly executed as of the day and year first written above.

DocuSigned by:  
*Michael Kato*  
2875840C6CC64B4...

Michael Kato, Vice President

### Grant Award Agreement

MorphoTrak recently began offering a five-year live scan subscription option for Missouri Law Enforcement agencies. Rather than purchasing the livescan outright and paying maintenance on your livescan device, which increases 3% annually, they now offer "Livescan as a Service." To participate, your agency would sign a 5-year livescan subscription contract with MorphoTrak, agreeing to pay the annual subscription fee which does not increase for the life of the contract. In return, MorphoTrak agrees to replace your current qualifying out of date livescan with the most recent up-to-date model. If your agency wishes to renew at the end of the 5-year subscription, MorphoTrak will again replace your livescan with a brand new model, and your agency simply pays the contracted 5-year subscription fee. The subscription plan guarantees that participating agencies will have a more sustainable means of keeping their livescan technology up to date, as there is no upfront purchase cost for the livescan, and the annual subscription fee does not increase for the life of the 5-year contract.

The Missouri State Highway Patrol has secured Grant funds to pay for the first year of a 5-year livescan subscription for your agency. **The awarded jurisdiction must sign below indicating that they agree to incur all subscription costs after the first year.** In addition, the Patrol will purchase a heavy-duty live scan cabinet for your agency if you would like one - regardless of whether or not you participate in the subscription plan. If you would like to participate in this program, please place a check mark next to your desired options below (annual subscription fee shown beside each option):

- MorphoTrak ELSA-P255D Live scan booking workstation - \$5,250 per year
- Mug-Photo Capture - \$664 per year
- FBI Duplex Printer - \$678 per year (Please check this box if you will need to print fingerprint cards, or Prosecutor/Court Copies)
- Live Scan Cabinet - \$528 (one time grant-covered cost - not included in annual subscription)

The above options include standard 8x5 service. If your agency desires 24x7 service, please contact MSHP CJIS for contracted 24x7 pricing.

Please indicate acceptance of this agreement below:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Delivery Information**

**Live Scan Device and associated Equipment should be delivered to:**

Point of Contact Name: Capt. Gary German

Number/Street: 2121 County Dr

City: Columbia

State: MO

Zip: 65202

Phone Number: 573-876-6101

*Do Not Write In - For Office Use Only*

Fund:

NICS Act Record Improvement Program (NARIP) \_\_\_\_

National Criminal History Improvement Program (NCHIP) \_\_\_\_

Adam Walsh Act (AWA) \_\_\_\_

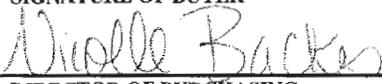
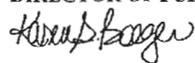
Date Submitted:

By:



## NOTICE OF CONTRACT AMENDMENT

**State Of Missouri**  
**Office Of Administration**  
**Division Of Purchasing**  
**PO Box 809**  
**Jefferson City, MO 65102-0809**  
<http://oa.mo.gov/purchasing>

<b>CONTRACT NUMBER</b> C215091002 (formerly C215091001)	<b>CONTRACT TITLE</b> AFIS LiveScans & Maintenance Services	
<b>AMENDMENT NUMBER</b> 008	<b>CONTRACT PERIOD</b> July 1, 2018 through June 30, 2019	
<b>REQUISITION NUMBER</b> n/a	<b>VENDOR NUMBER: MissouriBuys Vendor # / SAMII Vendor #</b> 0433205150 0 / MB00089880	
<b>CONTRACTOR NAME AND ADDRESS</b> Idemia Identity & Security USA, LLC 5515 E. La Palma Ave., Suite 100 Anaheim, CA 92807	<b>STATE AGENCY'S NAME AND ADDRESS</b> Missouri State Highway Patrol      Missouri Gaming Commission Information Systems Division      Jefferson City, MO 1510 East Elm St. Jefferson City, MO 65101	
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  Contract C215091002 is hereby amended pursuant to the attached signed amendment #008, dated 11/9/2018.		
<b>BUYER</b> Nicolle Backes	<b>BUYER CONTACT INFORMATION</b> Email: <a href="mailto:Nicolle.backes@oa.mo.gov">Nicolle.backes@oa.mo.gov</a> Phone: (573) 751-5341	
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 11/9/18	
<b>DIRECTOR OF PURCHASING</b> 		

IDEMIA RESTRICTED



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
CONTRACT AMENDMENT

AMENDMENT NO.: 008  
CONTRACT NO.: C215091002  
TITLE: AFIS LiveScans & Maintenance Services  
ISSUE DATE: 11/8/18

REQ NO.: N/A  
BUYER: Nicolle Backes  
PHONE NO.: (573) 751-5341  
E-MAIL: [nicolle.backes@oa.mo.gov](mailto:nicolle.backes@oa.mo.gov)

TO: Idemia Identity & Security USA, LLC  
5515 E. La Palma Ave., Suite 100  
Anaheim, CA 92807

RETURN AMENDMENT BY NO LATER THAN: 11/15/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:nicolle.backes@oa.mo.gov">nicolle.backes@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 309, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri State Highway Patrol  
Information Systems Division  
1510 East Elm St.  
Jefferson City, MO 65101

Missouri Gaming Commission  
Jefferson City, MO

## SIGNATURE REQUIRED

VENDOR NAME Idemia Identity & Security USA LLC	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) MB00089880
MAILING ADDRESS 5515 E La Palma Ave Suite 100	
CITY, STATE, ZIP CODE Anaheim, CA 92807	
CONTACT PERSON Doug Meier	EMAIL ADDRESS <a href="mailto:douglas.meier@idemia.com">douglas.meier@idemia.com</a>
PHONE NUMBER 714-688-3169	FAX NUMBER 714-632-2158
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE 	DATE November 9, 2018
PRINTED NAME Michael Kato	TITLE Vice President

IDEMIA RESTRICTED

C215091002-008

Page 2

**AMENDMENT #008 TO CONTRACT C215091002**

**CONTRACT TITLE:** AFIS LiveScans & Maintenance Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby amends the above referenced contract to add the following state agency:

**The Missouri Gaming Commission  
Jefferson City, MO**

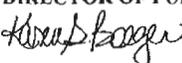
All other terms, conditions and provisions of the contract, including prices, shall remain the same throughout the above contract period and apply hereto.

The contractor shall sign and return this amendment by the date indicated on Page 1.



## NOTICE OF CONTRACT AMENDMENT

**State Of Missouri**  
**Office Of Administration**  
**Division Of Purchasing**  
**PO Box 809**  
**Jefferson City, MO 65102-0809**  
<http://oa.mo.gov/purchasing>

<b>CONTRACT NUMBER</b> C215091002 (formerly C215091001)	<b>CONTRACT TITLE</b> AFIS LiveScans & Maintenance Services
<b>AMENDMENT NUMBER</b> 007	<b>CONTRACT PERIOD</b> July 1, 2018 through June 30, 2019
<b>REQUISITION NUMBER</b> n/a	<b>VENDOR NUMBER: MissouriBuys Vendor # / SAMII Vendor #</b> 0433205150 0 / MB00089880
<b>CONTRACTOR NAME AND ADDRESS</b> Idemia Identity & Security USA, LLC 5515 E. La Palma Ave., Suite 100 Anaheim, CA 92807	<b>STATE AGENCY'S NAME AND ADDRESS</b> Missouri State Highway Patrol Information Systems Division 1510 East Elm St. Jefferson City, MO 65101
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  <p>Contract C215091002 is hereby amended per the attached contract amendment signed by Michael Kato of Idemia Identity &amp; Security USA, LLC dated 10/24/2018 to accommodate the merger of MorphoTrak, LLC and Idemia Identity &amp; Security USA, LLC effective 7/1/2018. All new orders, payments, and contract correspondence shall utilize Contract Number C215091002, Vendor Number 0433205150 0, Idemia Identity &amp; Security USA, LLC, 5515 E. La Palma Ave., Suite 100, Anaheim, CA 92807.</p> <p>In order to accommodate the State of Missouri's statewide eProcurement system, MissouriBUYS, the contract number with Idemia Identity &amp; Security USA, LLC for the provision of AFIS LiveScans &amp; Maintenance Services is hereby changed from C215091001 to C215091002.</p> <p>All other terms and conditions shall remain the same.</p>	
<b>BUYER</b> Nicolle Backes	<b>BUYER CONTACT INFORMATION</b> Email: <a href="mailto:Nicolle.backes@oa.mo.gov">Nicolle.backes@oa.mo.gov</a> Phone: (573) 751-5341
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 10/31/18
<b>DIRECTOR OF PURCHASING</b> 	



**STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT AMENDMENT**

**AMENDMENT NO.:** 007  
**CONTRACT NO.:** C215091001  
**TITLE:** AFIS LiveScans & Maintenance Services  
**ISSUE DATE:** 9/26/18

**REQ NO.:** N/A  
**BUYER:** Nicolle Backes  
**PHONE NO.:** (573) 751-5341  
**E-MAIL:** [nicolle.backes@oa.mo.gov](mailto:nicolle.backes@oa.mo.gov)

**TO:** MorphoTrak, LLC  
5515 E La Palma Ave Ste 100  
Anaheim, CA 98003

**RETURN AMENDMENT NO LATER THAN:** 9/28/2018 AT 5:00 PM CENTRAL TIME

**RETURN AMENDMENT TO THE DIVISION OF PURCHASING BY E-MAIL, FAX, OR MAIL/COURIER:**

SCAN AND E-MAIL TO:	<a href="mailto:nicolle.backes@oa.mo.gov">nicolle.backes@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

**DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:**

Missouri State Highway Patrol  
Information Systems Division  
1510 East Elm St.  
Jefferson City MO 65101

**COMPLETION AND SIGNATURE REQUIRED**

<b>VENDOR NAME</b>	<b>MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)</b>	
Idemia Identity & Security USA, LLC	MB00089880	
<b>MAILING ADDRESS</b>		
5515 E. La Palma Ave., Suite 100		
<b>CITY, STATE, ZIP CODE</b>		
Anaheim, CA 92807		
<b>CONTACT PERSON</b>	<b>EMAIL ADDRESS</b>	
Douglas Meier	douglas.meier@idemia.com	
<b>PHONE NUMBER</b>	<b>FAX NUMBER</b>	
714-688-3169	714-632-2158	
<b>VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)</b>		
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt		
<b>AUTHORIZED SIGNATURE</b>	<b>DATE</b>	
	October 24, 2018	
<b>PRINTED NAME</b>	<b>TITLE</b>	
Michael Kato	Vice President	

**Michael L. Parson**  
Governor



**Sarah H. Steelman**  
Commissioner

State of Missouri  
**OFFICE OF ADMINISTRATION**  
Division of Purchasing  
301 West High Street, Room 630  
Post Office Box 809  
Jefferson City, Missouri 65102-0809  
(573) 751-2387 Fax: (573) 526-9816  
TTD: (800) 735-2966 Voice: (800) 735-2466  
[www.oa.mo.gov/purchasing](http://www.oa.mo.gov/purchasing)

**Karen S. Boeger**  
Director

9/26/2018

MorphoTrak, LLC  
5515 E La Palma Ave Ste 100  
Anaheim, CA 98003

Re: Contract C215091001 – AFIS LiveScans & Maintenance Services

In response to the July 1, 2018 letter from Thomas McPherson of MorphoTrak, LLC, the above-referenced contract from MorphoTrak, LLC to Idemia Identity & Security USA, LLC, a contract amendment is enclosed that will change the contracting vendor. The contract amendment includes a Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization form, which will need to be completed by the new business entity and returned to my attention.

The Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization form must be completed and signed by an authorized representative of Idemia Identity & Security USA, LLC. Pursuant to section 285.525, RSMo, pertaining to section 285.530, RSMo, the authorized representative of Idemia Identity & Security USA, LLC must:

- ✓ Complete the form in its entirety including the notarized Affidavit of Work Authorization provided with the form, and
- ✓ Provide documentation affirming the new business entity's enrollment and participation in the E-Verify federal work authorization program.

Once each of the attached documents including all the Business Entity Certification, Enrollment Documentation and Affidavit of Work Authorization documentation has been completed, please forward all required documentation to my attention at the Division of Purchasing via fax (573-526-9816), email ([nicolle.backes@oa.mo.gov](mailto:nicolle.backes@oa.mo.gov)), or mail (301 West High Street, Room 630 or P.O. Box 809, Jefferson City, MO 65101). The amendment will become effective when a Notice of Award accepting the amendment is issued by the Division of Purchasing.

Thank you for your cooperation. Should you have any questions, please contact me at (573) 751-5341.

Sincerely,

*Nicolle Backes*

Attachments

C215091001

Page 2

**AMENDMENT #007 TO CONTRACT C215091001**

**CONTRACT TITLE:** AFIS LiveScans & Maintenance Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

**Name:** MorphoTrak, LLC  
**Address:** 5515 E La Palma Ave Ste 100  
**City/State/Zip:** Anaheim, CA 98003  
**Vendor #** 3301547890 1 / MB00088188  
 (Current Contractor)

**Name:** Idemia Identity & Security USA, LLC  
**Address:** 5515 E. La Palma Ave., Suite 100  
**City/State/Zip:** Anaheim, CA 92807  
**FEIN #** 0433205150 0 / MB00089880  
 (New Contractor)

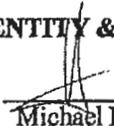
The current contractor, MorphoTrak LLC, merged with and into its affiliate, Idemia Identity & Security USA, LLC (New Contractor) on July 1, 2018. As a result of the merger, MorphoTrak, LLC will cease to exist and all its assets, liabilities and contracts will transfer by operation of law to Idemia.

The new contractor, Idemia Identity & Security USA, LLC shall honor and comply with all terms and conditions, requirements and specifications of the contract, and hereby entitles the State of Missouri to performance by Idemia Identity & Security USA, LLC of all obligations under the contract.

This amendment shall not be final until it is incorporated into the subject contract by Notice of Award by the State of Missouri, Division of Purchasing.

Please sign below as an agreement to the above statements, indicating merger which results in the new contractor and a new federal tax ID number for the contract.

**IDEMIA IDENTITY & SECURITY USA, LLC**

**SIGNATURE:**   
**PRINTED NAME:** Michael Kato  
**TITLE:** Vice President  
**DATE:** October 24, 2018  
**FEIN:** 043320515

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,  
AND AFFIDAVIT OF WORK AUTHORIZATION**

**BUSINESS ENTITY CERTIFICATION:**

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- BOX A:** To be completed by a non-business entity as defined below.
- BOX B:** To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at [http://www.dhs.gov/files/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/files/programs/gc_1185221678150.shtm).
- BOX C:** To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing.

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

**BOX A - CURRENTLY NOT A BUSINESS ENTITY**

I certify that \_\_\_\_\_ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; OR
- The company that I represent utilizes the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if \_\_\_\_\_ (Company/Individual Name) is assigned the contract for the services requested herein under \_\_\_\_\_ (Contract Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, then, prior to the performance of any services as a business entity, \_\_\_\_\_ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the \_\_\_\_\_ (insert state agency name) with all documentation required in Box B of this exhibit.

\_\_\_\_\_  
Authorized Representative's Name (Please Print)

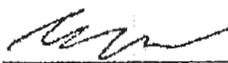
\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Date

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,  
AND AFFIDAVIT OF WORK AUTHORIZATION continued**

**Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.**

BOX B - CURRENT BUSINESS ENTITY STATUS	
I certify that <u>Idemia Identity + Security USA, LLC</u> (Business Entity Name) <b>MEETS</b> the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530.	
<u>Andrew Brown</u> Authorized Business Entity Representative's Name (Please Print)	 Authorized Business Entity Representative's Signature
<u>Idemia Identity + Security USA, LLC</u> Business Entity Name	<u>10/24/18</u> Date
<u>Andrew.Brown@US.idemia.com</u> E-Mail Address	
As a business entity, the vendor must perform/provide the following. The vendor should check each to verify completion/submission:	
<input checked="" type="checkbox"/> Enroll and participate in the E-Verify federal work authorization program (Website: <a href="http://www.dhs.gov/files/programs/ce_1185221678150.shtm">http://www.dhs.gov/files/programs/ce_1185221678150.shtm</a> ; Phone: 888-464-4218; Email: <a href="mailto:e-verify@dhs.gov">e-verify@dhs.gov</a> ) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND	
<input checked="" type="checkbox"/> Provide documentation affirming said vendor e's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security - Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted; AND	
<input checked="" type="checkbox"/> Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.	

C215091001

Page 5

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,  
AND AFFIDAVIT OF WORK AUTHORIZATION continued**

**AFFIDAVIT OF WORK AUTHORIZATION:**

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Idemia Identity + Security USA LLC (Name of Business Entity Authorized Representative) as HR Operations Specialist (Position/Title) first being duly sworn on my oath, affirm Idemia Identity + Security USA LLC (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Idemia Identity + Security USA LLC (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

[Signature]  
Authorized Representative's Signature

Andrew Brown  
Printed Name

HR Operations Specialist  
Title

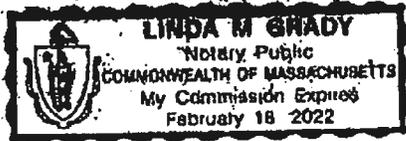
10/24/18  
Date

Andrew.Brown@US.Idemia.com  
E-Mail Address

Subscribed and sworn to before me this 24 of October 2018 I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of Middlesex, State of  
(NAME OF COUNTY)  
Massachusetts, and my commission expires on February 18 2022  
(NAME OF STATE) (DATE)

[Signature]  
Signature of Notary

10/24/18  
Date



10/29/2018

E-Verify Client Enrollment: Review & Submit

Official Website of the Department of Homeland Security

# Client Enrollment

# Review & Submit

## COMPANY INFORMATION

### EMPLOYER CATEGORY

### HIRING SITES

### CONTACTS

### REVIEW & SUBMIT

# Company Information

**Company Name**  
**Idemia Identity & Security USA LLC**

**Company ID**  
**710369**

**Doing Business As**

**DUNS Number**

**Physical Address**  
**296 Concord Rd**  
**Billerica, MA 02038**

**Mailing Address**  
**Mailing address is same as physical address**

**Employer Identification Number**  
**43-3320515**

**County**  
**Middlesex**

**Total Employees**  
**500 to 999**

**NAICS Code**  
**541**

**Sector**  
**Professional, Scientific, And Technical Services (54)**

**Subsector  
Professional, Scientific,  
And Technical Services  
(541)**

 **Edit Company  
Information**

## Company Category

**Employer Category  
Federal Contractor**

 **Edit Company Category**

## Hiring Sites

**Total Hiring Sites  
0**

 **Edit Hiring Sites**

## Contacts

**Total Contacts  
3**

 **Edit Contacts**

# Memorandum of Understanding

[View Current MOU](#)

[Signature Page](#)

[View Current MOU](#)

[View Historic MOU](#)

**MANAGE CLIENTS**



Last Login: 10/29/2018 01:16 PM

U.S. Department of Homeland Security

U.S. Citizenship and Immigration Services

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[Download Viewers](#)

**Provide Website Feedback**

C215091001

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,  
AND AFFIDAVIT OF WORK AUTHORIZATION continued**

***(Complete the following if you have the E-Verify documentation and an Affidavit of Work Authorization, dated and signed September 1, 2009 or after, already on file with the State of Missouri. If completing Box C, do not complete Box B.)***

**BOX C - AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS**

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of Missouri State Agency or Public University\* to Which Previous E-Verify Documentation Submitted:

\_\_\_\_\_  
 (\*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: \_\_\_\_\_

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted:

\_\_\_\_\_  
 (if known)

\_\_\_\_\_  
 Authorized Business Entity Representative's Name (Please Print)

\_\_\_\_\_  
 Authorized Business Entity Representative's Signature

\_\_\_\_\_  
 E-Verify MOU Company ID Number

\_\_\_\_\_  
 E-Mail Address

\_\_\_\_\_  
 Business Entity Name

\_\_\_\_\_  
 Date

**FOR STATE USE ONLY**

Documentation Verification Completed By:

\_\_\_\_\_  
 Buyer

\_\_\_\_\_  
 Date



## NOTICE OF CONTRACT AMENDMENT

**State Of Missouri**  
**Office Of Administration**  
**Division Of Purchasing**  
**PO Box 809**  
**Jefferson City, MO 65102-0809**  
<http://oa.mo.gov/purchasing>

COMP  
 B22 15091

<b>CONTRACT NUMBER</b> C215091001	<b>CONTRACT TITLE</b> AFIS LiveScans & Maintenance Services
<b>AMENDMENT NUMBER</b> 005	<b>CONTRACT PERIOD</b> July 1, 2018 through June 30, 2019
<b>REQUISITION NUMBER</b> NR 812 HP068000045	<b>VENDOR NUMBER: MissouriBuys Vendor # / SAMH Vendor #</b> MB00088188 / 3301547890 1
<b>CONTRACTOR NAME AND ADDRESS</b> MorphoTrak, LLC 5515 E. La Palma Ave. Ste 100 Anaheim, CA 98003	<b>STATE AGENCY'S NAME AND ADDRESS</b> Missouri State Highway Patrol Information Systems Division 1510 East Elm St. Jefferson City, MO 65101
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>	
Contract C215091001 is hereby amended pursuant to the attached signed amendment #005, dated 5/11/2018.	
<b>BUYER</b> Nicolle Backes	<b>BUYER CONTACT INFORMATION</b> Email: <a href="mailto:Nicolle.backes@oa.mo.gov">Nicolle.backes@oa.mo.gov</a> Phone: (573) 751-5341
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 5/18/18
<b>DIRECTOR OF PURCHASING</b> 	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
CONTRACT AMENDMENT

AMENDMENT NO.: 005  
CONTRACT NO.: C215091001  
TITLE: AFIS LiveScans & Maintenance Services  
ISSUE DATE: 5/4/18

REQ NO.: NR 812 HP068000045  
BUYER: Nicole Backes  
PHONE NO.: (573) 751-5341  
E-MAIL: [nicolle.backes@oa.mo.gov](mailto:nicolle.backes@oa.mo.gov)

TO: MorphoTrak, LLC  
Attention: Rosario Hernandez  
5515 E La Palma Ave Ste 100  
Anaheim, CA 98003

RETURN AMENDMENT BY NO LATER THAN: 05/11/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:nicolle.backes@oa.mo.gov">nicolle.backes@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri State Highway Patrol  
Information Systems Division  
1510 East Elm St.  
Jefferson City, MO 65101

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUY SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
MorphoTrak, LLC	
MAILING ADDRESS	
5515 E. La Palma Ave	
CITY, STATE, ZIP CODE	
Anaheim, CA 92807	

CONTACT PERSON	EMAIL ADDRESS
Douglas Meier	<a href="mailto:Douglas.Meier@morpho.com">Douglas.Meier@morpho.com</a>
PHONE NUMBER	FAX NUMBER
714-688-3169	714-238-2049
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	May 11, 2018
PRINTED NAME	TITLE
Michael Kato	Director of Program Management

C215091001-004

Page 2

**AMENDMENT #005 TO CONTRACT C215091001**

**CONTRACT TITLE:** AFIS LiveScans & Maintenance Services

**CONTRACT PERIOD:** July 1, 2018 through June 30, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract.

The contractor shall indicate on the pricing table(s) below the firm fixed prices for the above contract period. Any price increase quoted must not exceed the maximum price increase stated in the contract (maximum 3% increase from prior period's pricing). The contractor shall understand and agree if the contractor responds with any renewal period pricing increase, such increase may result in a justification request or in the state conducting a new procurement process rather than accepting the contractor's proposed renewal option pricing.

All other terms, conditions and provisions of the contract shall remain the same and apply hereto. The contractor shall sign and return this document, along with completed pricing, on or before the date indicated.

The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

**EXHIBIT A  
CONTRACT RENEWAL PRICING**

**A.1 EQUIPMENT PRICING:**

<b>MORPHOTRAK LIVESCAN BOOKING WORKSTATIONS / OPTIONAL COMPONENTS</b>				
<b>Product Number Description</b>	<b>Unit of Measure</b>	<b>Unit Price</b>	<b>Annual Maintenanc e 24x7</b>	<b>Annual Maintenance 8x5</b>
<b>500 ppi Resolution LiveScans</b>				
Desktop LiveScan (Applicant Only)	Each	\$4,950.00	N/A	\$1,000.00 (Help Desk w/parts only)
Desktop LiveScan TP Only (Tenprint Capture Only; Qty.: 1-20)	Each	\$9,920.00	\$3,140.00	\$2,415.00
Desktop LiveScan -TP Only (Tenprint Capture Only; Qty.: >20)	Each	\$8,430.00	\$3,140.00	\$2,415.00
Desktop LiveScan - TP+ PP (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	\$16,090.00	\$3,783.00	\$2,910.00
Desktop LiveScan – TP + PP (Tenprint + Palm Prit Capture; Qty.: >20)	Each	\$13,680.00	\$3,783.00	\$2,910.00
Portable Laptop LiveScan (Applicant Only)	Each	\$6,350.00	N/A	\$1,000.00 (Help Desk w/parts only)
Portable Laptop LiveScan – TP Only (Tenprint Capture Only; Qty.: 1-20)	Each	\$10,440.00	N/A	\$2,566.00
Portable Laptop LiveScan -TP Only (Tenprint Capture Only; Qty.: > 20)	Each	\$8,870.00	\$3,335.00	\$2,566.00
Portable Laptop LiveScan – TP+ PP (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	\$17,120.00	\$3,766.00	\$2,897.00
Portable Laptop LiveScan – TP + PP (Teleprint + Palm Print Capture; Qty.:> 20)	Each	\$14,550.00	\$3,766.00	\$2,897.00
Scanner Block – TP + PP, replacement (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	\$11,070.00	\$3,783.00	\$2,910.00
Scanner Block – TP + PP, replacement (Tenprint + Palm Print Capture; Qty.:>20)	Each	\$9,410.00	\$3,783.00	\$2,910.00
<b>1000 ppi High Resolution LiveScans</b>				
Desktop LiveScan - TP + PP (Tenprint + Palm Print Capture)	Each	\$17,864.00	\$3,890.00	\$2,992.00
Portable Laptop LiveScan - TP + PP (Tenprint + Palm Print Capture)	Each	\$18,216.00	\$3,775.00	\$2,904.00
<b>LiveScan Optional Components</b>				
FBI Certified Duplex Card Printer (Finger & Palm Duplex printer w/2 trays)	Each	\$1,600.00	\$358.00	\$244.00
Mugshot Capture – Type 10 (Desktop/Portable Models Only)	Each	\$1,325.00	\$290.00	\$199.00
Mugshot Capture – Type 10 (Cabinet Model Only)	Each	\$1,600.00	\$240.00	\$144.00
Iris Capture (Type 17)	Each	\$3,200.00	\$710.00	\$477.00
Local RMS Interface Connection	Each	\$2,000.00	\$440.00	\$300.00
Card Template Development (per card type)	Each	\$3,200.00	N/A	N/A
Training (4H Session; Max of 4 individuals)	Total	\$1,100.00	N/A	N/A

<b>MORPHO CARDS CAN PRICING</b>				
Description	Unit of Measure	Unit Price	Annual Maintenance 24x7	Annual Maintenance 8x5
CardScan Workstation	Each	\$5,250.00	\$1,776.00	\$1,800.00

<b>MORPHO FAST ID DEVICE PRICING</b>							
Description	Unit of Measure	Unit Price Qty 1-25	Unit Price Qty 26-100	Unit Price Qty 101-200	Unit Price Qty 201-500	Unit Price Qty 500+	Annual Maint. 24x7
MorphoIDent (Handheld Device w/ Protective Sleeve)	Each	\$1,700.00	\$1,550.00	\$1,350.00	\$1,150.00	\$950.00	\$175.00

**MSHP LiveScan as a Service Pricing Extract**

Description	Year 2 Pricing
<b>Standard Configuration</b>	
Desktop LiveScan (9x5)	\$6,592.00/Yr.
Desktop LiveScan (24x7)	\$7,244.00/Yr.
<b>Add-On Options</b>	
Morpho Cabinet	\$450.00/Yr.
Iris Capture	\$1,347.00/Yr.
No Photo Capture	\$(664.00)/Yr.
No FBI Duplex Printer	\$(678.00)/Yr.

**A.2 LIVESCAN EQUIPMENT MAINTENANCE PRICING:**

**MSHP LiveScan Equipment Maintenance Pricing:** Contractor shall also provide pricing of MSHP Livescan maintenance pricing.

**Local Law Enforcement Agency LiveScan Equipment Pricing:**

*New Equipment Maintenance, Initial One-Year Period after Expiration of Warranty:* See Equipment Pricing Tables for initial one year maintenance pricing to take effect after expiration of one-year warranty. Monthly maintenance pricing is calculated by taking annual maintenance and dividing by 12.

*Maintenance Renewal Pricing:* Upon the anniversary date of the equipment acquisition, equipment maintenance pricing may be increased by no more than 3% of the previous year's maintenance price.

All other terms, conditions, and provisions of the contract shall remain the same and apply hereto. The contractor shall sign and return this document on or before the date indicated.



## NOTICE OF CONTRACT AMENDMENT

**State Of Missouri**  
**Office Of Administration**  
**Division Of Purchasing**  
**PO Box 809**  
**Jefferson City, MO 65102-0809**  
<http://oa.mo.gov/purchasing>

comp  
B2Z15091

<b>CONTRACT NUMBER</b> C215091001	<b>CONTRACT TITLE</b> AFIS LiveScans & Maintenance Services
<b>AMENDMENT NUMBER</b> 004	<b>CONTRACT PERIOD</b> July 1, 2017 through June 30, 2018
<b>REQUISITION NUMBER</b> N/A	<b>VENDOR NUMBER: MissouriBuys Vendor # / SAMII Vendor #</b> MB00088188 / 3301547890 1
<b>CONTRACTOR NAME AND ADDRESS</b> MorphoTrak, LLC 5515 E. La Palma Ave. Ste 100 Anaheim, CA 98003	<b>STATE AGENCY'S NAME AND ADDRESS</b> Missouri State Highway Patrol Information Systems Division 1510 East Elm St. Jefferson City, MO 65101
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  Contract C215091001 is hereby amended pursuant to the attached signed amendment #004, dated 8/8/2017.	
<b>BUYER</b> Nicolle Backes	<b>BUYER CONTACT INFORMATION</b> Email: <a href="mailto:Nicolle.backes@oa.mo.gov">Nicolle.backes@oa.mo.gov</a> Phone: (573) 751-5341
<b>SIGNATURE OF BUYER</b> <i>Nicolle Backes</i>	<b>DATE</b> 8/9/17
<b>DIRECTOR OF PURCHASING</b> <i>Robert Berger</i>	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
CONTRACT AMENDMENT

AMENDMENT NO.: 004  
CONTRACT NO.: C215091001  
TITLE: AFIS LiveScans & Maintenance Services  
ISSUE DATE: 8/8/2017

REQ NO.: N/A  
BUYER: Nicolle Backes  
PHONE NO.: (573) 751-5341  
E-MAIL: [nicolle.backes@oa.mo.gov](mailto:nicolle.backes@oa.mo.gov)

TO: MorphoTrak, LLC  
Attention: Rosario Hernandez  
5515 E La Palma Ave Ste 100  
Anaheim, CA 98003

RETURN AMENDMENT BY NO LATER THAN: 08/15/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:nicolle.backes@oa.mo.gov">nicolle.backes@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri State Highway Patrol  
Information Systems Division  
1510 East Elm St.  
Jefferson City, MO 65101

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME MorphoTrak, LLC		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. MorphoTrak, LLC	
MAILING ADDRESS 5515 E. La Palma Ave., Suite 100		IRS FORM 1099 MAILING ADDRESS 5515 E. La Palma Ave., Suite 100	
CITY, STATE, ZIP CODE Anaheim, CA 92807		CITY, STATE, ZIP CODE Anaheim, CA 92807	
CONTACT PERSON Charles Thomas		EMAIL ADDRESS <a href="mailto:Charles.thomas@morpho.com">Charles.thomas@morpho.com</a>	
PHONE NUMBER 630-251-5893		FAX NUMBER 714-238-2049	
TAXPAYER ID NUMBER (TIN) 33-0154789	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN		VENDOR NUMBER (IF KNOWN)
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt <input checked="" type="checkbox"/> LLC			

Contract C215091001

AUTHORIZED SIGNATURE Walt Scott, VP Support <i>Walt Scott</i>	DATE August 8, 2017
--	------------------------

C215091001-004

**AMENDMENT #004 TO CONTRACT C215091001****CONTRACT TITLE:** AFIS LiveScans & Maintenance Services**CONTRACT PERIOD:** July 1, 2017 through June 30, 2018

Effective immediately, by mutual agreement from the contractor and the State of Missouri, the above-referenced contract is amended to reflect the reduced pricing for the following items.

<b>MORPHOTRAK LIVESCAN BOOKING WORKSTATIONS / OPTIONAL COMPONENTS</b>		
<b>Product Number Description</b>	<b>Unit of Measure</b>	<b>Unit Price</b>
<b>500 ppi Resolution LiveScans</b>		
Desktop LiveScan TP Only (Tenprint Capture Only; Qty.: 1-20)	Each	\$6,590.00
Desktop LiveScan -TP Only (Tenprint Capture Only; Qty.: >20)	Each	\$5,990.00
Desktop LiveScan - TP+ PP (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	\$14,520.00
Desktop LiveScan – TP + PP (Tenprint + Palm Prit Capture; Qty.: >20)	Each	\$13,200.00
Portable Laptop LiveScan – TP Only (Tenprint Capture Only; Qty.: 1-20)	Each	\$8,450.00
Portable Laptop LiveScan -TP Only (Tenprint Capture Only; Qty.: > 20)	Each	\$7,680.00
Portable Laptop LiveScan – TP+ PP (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	\$16,210.00
Scanner Block – TP + PP, replacement (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	\$9,740.00
Scanner Block – TP + PP, replacement (Tenprint + Palm Print Capture; Qty.:>20)	Each	\$8,570.00
<b>1000 ppi High Resolution LiveScans</b>		
Desktop LiveScan - TP + PP (Tenprint + Palm Print Capture)	Each	\$16,340.00
Portable Laptop LiveScan - TP + PP (Tenprint + Palm Print Capture)	Each	\$18,030.00
<b>LiveScan Optional Components</b>		
FBI Certified Duplex Card Printer (Finger & Palm Duplex printer w/2 trays)	Each	\$1,325.00

All other terms, conditions, provisions and pricing of the contract shall remain the same and apply hereto. The contractor shall sign and return this document on or before the date indicated.

**EXHIBIT A  
CONTRACT RENEWAL PRICING**

**A.1 EQUIPMENT PRICING:**

<b>MORPHOTRAK LIVESCAN BOOKING WORKSTATIONS / OPTIONAL COMPONENTS</b>				
<b>Product Number Description</b>	<b>Unit of Measure</b>	<b>Unit Price</b>	<b>Annual Maintenance 24x7</b>	<b>Annual Maintenance 8x5</b>
<b>500 ppi Resolution LiveScans</b>				
Desktop LiveScan (Applicant Only)	Each	\$4,950.00	N/A	\$1,000.00 (Help Desk w/parts only)
Desktop LiveScan TP Only (Tenprint Capture Only; Qty.: 1-20)	Each	<del>\$6,590.00</del>	\$3,140.00	\$2,415.00
Desktop LiveScan - TP Only (Tenprint Capture Only; Qty.: >20)	Each	<del>\$5,990.00</del>	\$3,140.00	\$2,415.00
Desktop LiveScan - TP+ PP (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	<del>\$14,520.00</del>	\$3,783.00	\$2,910.00
Desktop LiveScan - TP + PP (Tenprint + Palm Print Capture; Qty.: >20)	Each	<del>\$13,200.00</del>	\$3,783.00	\$2,910.00
Portable Laptop LiveScan (Applicant Only)	Each	\$6,350.00	N/A	\$1,000.00 (Help Desk w/parts only)
Portable Laptop LiveScan - TP Only (Tenprint Capture Only; Qty.: 1-20)	Each	<del>\$8,450.00</del>	\$3,335.00	\$2,566.00
Portable Laptop LiveScan - TP Only (Tenprint Capture Only; Qty.: > 20)	Each	<del>\$7,680.00</del>	\$3,335.00	\$2,566.00
Portable Laptop LiveScan - TP+ PP (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	<del>\$16,210.00</del>	\$3,766.00	\$2,897.00
Portable Laptop LiveScan - TP + PP (Tenprint + Palm Print Capture; Qty.: > 20)	Each	\$14,550.00	\$3,766.00	\$2,897.00
Scanner Block - TP + PP, replacement (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	<del>\$9,740.00</del>	\$3,783.00	\$2,910.00
Scanner Block - TP + PP, replacement (Tenprint + Palm Print Capture; Qty.: >20)	Each	<del>\$8,570.00</del>	\$3,783.00	\$2,910.00
<b>1000 ppi High Resolution LiveScans</b>				
Desktop LiveScan - TP + PP (Tenprint + Palm Print Capture)	Each	<del>\$16,340.00</del>	\$3,890.00	\$2,992.00
Portable Laptop LiveScan - TP + PP (Tenprint + Palm Print Capture)	Each	<del>\$18,030.00</del>	\$3,775.00	\$2,904.00
<b>LiveScan Optional Components</b>				
FBI Certified Duplex Card Printer (Finger & Palm Duplex printer w/2 trays)	Each	<del>\$1,325.00</del>	\$358.00	\$244.00
Mugshot Capture - Type 10 (Desktop/Portable Models Only)	Each	\$1,325.00	\$290.00	\$199.00
Mugshot Capture - Type 10 (Cabinet Model Only)	Each	\$1,600.00	\$240.00	\$144.00
Iris Capture (Type 17)	Each	\$3,200.00	\$710.00	\$477.00
Local RMS Interface Connection	Each	\$2,000.00	\$440.00	\$300.00
Card Template Development (per card type)	Each	\$3,200.00	N/A	N/A
Training (4H Session; Max of 4 individuals)	Total	\$1,100.00	N/A	N/A

MORPHO CARDSKAN PRICING				
Description	Unit of Measure	Unit Price	Annual Maintenance 24x7	Annual Maintenance 8x5
CardScan Workstation	Each	\$5,250.00	\$1,776.00	\$1,800.00

MORPHO FAST ID DEVICE PRICING							
Description	Unit of Measure	Unit Price Qty. 1-25	Unit Price Qty. 26-100	Unit Price Qty. 101-200	Unit Price Qty. 201-500	Unit Price Qty. 500+	Annual Maint. 24x7
MorphoIdent (Handheld Device w/ Protective Sleeve)	Each	\$1,700.00	\$1,550.00	\$1,350.00	\$1,150.00	\$950.00	\$175.00

### MSHP LiveScan as a Service (LSaaS) Pricing Extract

Description	Year 1-5 Pricing
<b>Standard Configuration</b>	
Desktop LiveScan (9x5)	\$6,592.00/Yr.
Desktop LiveScan (24x7)	\$7,244.00/Yr.
<b>Add-On Options</b>	
Morpho Cabinet	\$450.00/Yr.
Iris Capture	\$1,347.00/Yr.
No Photo Capture	\$(664.00)/Yr.
No FBI Duplex Printer	\$(678.00)/Yr.

**Standard Configuration:** TP +PP Capture, Mug Photo Capture, FBI Certified Duplex Card Printer, Current ELSA Software.

#### Renewal Options:

- Agency may renew the LSaaS contract at the of Y5 and receive a new unit with the same basic configuration

Or,

- Purchase the unit for \$3,200.00 and pay the current maintenance rates at the time of "buy out"; maintenance options 9x5 and 24x7

Or,

- Let the contract expire at the end of Y5; MorphoTrak will remove the equipment.

#### A.2 LIVESCAN EQUIPMENT MAINTENANCE PRICING:

**MSHP LiveScan Equipment Maintenance Pricing:** Contractor shall also provide pricing of MSHP Livescan maintenance pricing.

#### Local Law Enforcement Agency LiveScan Equipment Pricing:

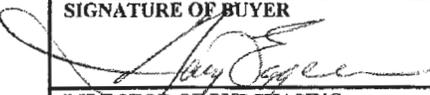
*New Equipment Maintenance, Initial One-Year Period after Expiration of Warranty:* See Equipment Pricing Tables for initial one year maintenance pricing to take effect **after** expiration of one-year warranty. Monthly maintenance pricing is calculated by taking annual maintenance and dividing by 12.

*Maintenance Renewal Pricing:* Upon the anniversary date of the equipment acquisition, equipment maintenance pricing may be increased by no more than 3% of the previous year's maintenance price.



## NOTICE OF CONTRACT AMENDMENT

**State Of Missouri**  
**Office Of Administration**  
**Division Of Purchasing**  
**PO Box 809**  
**Jefferson City, MO 65102-0809**  
<http://oa.mo.gov/purchasing>

<b>CONTRACT NUMBER</b> C215091001	<b>CONTRACT TITLE</b> AFIS LiveScans & Maintenance Services
<b>AMENDMENT NUMBER</b> 003	<b>CONTRACT PERIOD</b> July 1, 2017 through June 30, 2018
<b>REQUISITION NUMBER</b> N/A	<b>VENDOR NUMBER: MissouriBuys Vendor # / SAMII Vendor #</b> MB00088188 / 3301547890 1
<b>CONTRACTOR NAME AND ADDRESS</b> MorphoTrak, LLC Attention: Doug Meier 33405 8 <sup>th</sup> Ave. S, Ste. 200 Federal Way, WA 98003	<b>STATE AGENCY'S NAME AND ADDRESS</b> Missouri State Highway Patrol Information Systems Division 1510 East Elm St. Jefferson City, MO 65101
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  Contract C215091001 is hereby amended pursuant to the attached signed C215035001 Amendment #003 dated 06/26/17 and signed by the contractor on 06/28/17.	
<b>BUYER</b> Gary Eggen	<b>BUYER CONTACT INFORMATION</b> Email: gary.eggen@oa.mo.gov Phone: (573) 751-2497
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 06/30/17
<b>DIRECTOR OF PURCHASING</b>  Karen S. Boeger	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
CONTRACT AMENDMENT

AMENDMENT NO.: 003  
CONTRACT NO.: C215091001  
TITLE: AFIS LiveScans & Maintenance Services  
ISSUE DATE: 06/26/17

REQ NO.: NR 812 HP067000042  
BUYER: Gary Eggen  
PHONE NO.: (573) 751-2497  
E-MAIL: [gary.eggen@oa.mo.gov](mailto:gary.eggen@oa.mo.gov)

TO: MorphoTrak, LLC  
Attention: Rosario Hernandez  
5515 E La Palma Ave Ste 100  
Anaheim, CA 98003

RETURN AMENDMENT BY NO LATER THAN: 06/13/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:shelby.williams@oa.mo.gov">shelby.williams@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

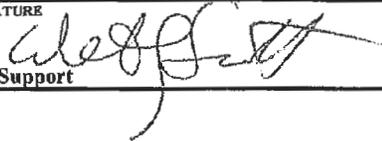
Missouri State Highway Patrol  
Information Systems Division  
1510 East Elm St.  
Jefferson City, MO 65101

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME MorphoTrak, LLC		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. MorphoTrak, LLC	
MAILING ADDRESS 5515 E. La Palma Ave., Suite 100		IRS FORM 1099 MAILING ADDRESS 5515 E. La Palma Ave., Suite 100	
CITY, STATE, ZIP CODE Anaheim, CA 92807		CITY, STATE, ZIP CODE Anaheim, CA 92807	
CONTACT PERSON Douglas Meier		EMAIL ADDRESS <a href="mailto:Douglas.Meier@morpho.com">Douglas.Meier@morpho.com</a>	
PHONE NUMBER 714-688-3169		FAX NUMBER 714-238-2049	
TAXPAYER ID NUMBER (TIN) 33-0154789	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN		VENDOR NUMBER (IF KNOWN)
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt <input checked="" type="checkbox"/> LLC			

Contract C215091001

Page 3

<p>AUTHORIZED SIGNATURE</p>  <p>Walt Scott, VP Support</p>	<p>DATE</p> <p>June 28, 2016</p>
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## NOTICE OF CONTRACT AMENDMENT

**State Of Missouri**  
**Office Of Administration**  
**Division Of Purchasing**  
**PO Box 809**  
**Jefferson City, MO 65102-0809**  
<http://oa.mo.gov/purchasing>

COMP  
602 15091

<b>CONTRACT NUMBER</b> C215091001	<b>CONTRACT TITLE</b> AFIS LiveScans & Maintenance Services
<b>AMENDMENT NUMBER</b> 002	<b>CONTRACT PERIOD</b> July 1, 2016 through June 30, 2017
<b>REQUISITION NUMBER</b> N/A	<b>VENDOR NUMBER: MissouriBuys Vendor # / SAMII Vendor #</b> MB00088188 / 3301547890 1
<b>CONTRACTOR NAME AND ADDRESS</b> MorphoTrak, LLC Attention: Doug Meier 33405 8 <sup>th</sup> Ave. S, Ste. 200 Federal Way, WA 98003	<b>STATE AGENCY'S NAME AND ADDRESS</b> Missouri State Highway Patrol Information Systems Division 1510 East Elm St. Jefferson City, MO 65101
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>	
<p>Contract C215091001 is hereby amended pursuant to the attached signed C215035001 Amendment #002, dated 10/25/16, to allow acquisition of LiveScan units under the LiveScan-as-a-Service (LSaaS) program.</p> <p>Note: C215035001 was incorrectly referenced on the attached Amendment #002 document. The correct reference is Contract C215091001 and is awarded as Amendment #002 to Contract C215091001.</p>	
<b>BUYER</b> Gary Eggen	<b>BUYER CONTACT INFORMATION</b> Email: gary.eggen@oa.mo.gov Phone: (573) 751-2497
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 01/23/17
<b>DIRECTOR OF PURCHASING</b>  Karen S. Boeger	



**STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
CONTRACT AMENDMENT**

AMENDMENT NO.: 002  
CONTRACT NO.: C215035001  
TITLE: AFIS Upgrade, Maintenance and Support  
ISSUE DATE: 10/25/16

BUYER: GARY EGGEN  
PHONE NO.: (573) 751-3796  
E-MAIL: gary.eggen@oa.mo.gov

TO: MORPHOTRAK, LLC  
ATTENTION: DOUG MEIER  
33405 8<sup>TH</sup> AVENUE S, STE. 200  
FEDERAL WAY, WA 98003

RETURN AMENDMENT BY NO LATER THAN: 09/18/15 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	gary.eggen@oa.mo.gov
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

**Missouri State Highway Patrol  
Various Locations throughout the State of Missouri**

**SIGNATURE REQUIRED**

DOING BUSINESS AS (DBA) NAME <b>MorphoTrak, LLC</b>		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. <b>MorphoTrak, LLC</b>	
MAILING ADDRESS <b>5515 E. La Palma Ave., Ste. 100</b>		IRS FORM 1099 MAILING ADDRESS <b>5515 E. La Palma Ave., Ste. 100</b>	
CITY, STATE, ZIP CODE <b>Anaheim, CA 92807</b>		CITY, STATE, ZIP CODE <b>Anaheim, CA 92807</b>	
CONTACT PERSON <b>Doug Meier</b>		EMAIL ADDRESS <b>Douglas.meier@morpho.com</b>	
PHONE NUMBER <b>714-688-3169</b>		FAX NUMBER <b>714-238-2049</b>	
TAXPAYER ID NUMBER (TIN) <b>33-0154789</b>	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	VENDOR NUMBER (IF KNOWN)	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt <input checked="" type="checkbox"/> LLC			
AUTHORIZED SIGNATURE 		DATE <b>10-26-16</b>	
PRINTED NAME <b>Florian Hebras</b>		TITLE <b>VP &amp; CFO</b>	

Contract C215035001

Page 2

**AMENDMENT #002 TO CONTRACT C215035001**

**CONTRACT TITLE:** AFIS UPGRADE, MAINTENANCE AND SUPPORT

**CONTRACT PERIOD:** DECEMBER 11, 2014 THROUGH DECEMBER 10, 2020

Contract C215035001 was established via single feasible source procurement authority under Section 34.044 RSMo to allow ongoing purchase of MorphoTrak's livescan machines and maintenance for the Missouri State Highway Patrol as well as for law enforcement entities throughout the state interfacing with the MSHP's Automated Fingerprint Identification System (AFIS).

The State of Missouri hereby desires to amend the contract to include the ability to acquire the machines through MorphoTrak's Livescan-as-a-Service (LSaaS) program which allows units to be available to using entities on an annual fee basis, pursuant to the following:

- Such LSaaS program shall be construed to be an operating expense and not be construed to be a financing transaction. As a result, the agency entering into the LSaaS program shall not accrue equity in the equipment as a result of payment of the annual fees.
- All future payments and obligations related to acquired equipment under the LSaaS program shall be the sole responsibility of the acquiring agency regardless of the existence of a state procurement contract in existence.
- All other terms, conditions and provision of the original contract remain unchanged and apply hereto.

To indicate agreement with the above amended action, the contractor must complete, sign and return this amendment, along with corresponding annual fee pricing.

**MSHP LiveScan as a Service  
Pricing Extract**

5Y Contract	Y1	Y2	Y3	Y4	Y5	5Y Contract Cost Estimate
<b>Standard Configuration</b>						
Desktop LiveScan (9x5)	\$ 6,592.00	\$ 6,592.00	\$ 6,592.00	\$ 6,592.00	\$ 6,592.00	\$ 32,960.00
Desktop LiveScan (24x7)	\$ 7,244.00	\$ 7,244.00	\$ 7,244.00	\$ 7,244.00	\$ 7,244.00	\$ 36,220.00
<b>Add-On Options</b>						
Morpho Cabinet	\$ 450.00	\$ 450.00	\$ 450.00	\$ 450.00	\$ 450.00	
Iris Capture	\$ 1,347.00	\$ 1,347.00	\$ 1,347.00	\$ 1,347.00	\$ 1,347.00	
No Photo Capture	\$ (664.00)	\$ (664.00)	\$ (664.00)	\$ (664.00)	\$ (664.00)	
No FBI Duplex Printer	\$ (678.00)	\$ (678.00)	\$ (678.00)	\$ (678.00)	\$ (678.00)	

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**Renewal Options**

<b>Renew Contract</b>	At the end of Y5, renew the contract and receive a new unit with the same basic configuration.
<b>Buy-Out Contract</b>	Purchase unit for \$3,200 and pay current maintenance rates at the time of "buy out"; maintenance options 9x5 and 24x7
<b>Do Nothing</b>	Let the contract expire; MorphoTrack will remove the equipment.

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<b>Standard Configuration</b>	TP + PP Capture, Mug Photo Capture, FBI Certified Duplex Card Printer, Current ELSA Software
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Contract C215091001

Page 2

**AMENDMENT #002 TO CONTRACT C215091001**

**CONTRACT TITLE:** AFIS LiveScans & Maintenance Services

**CONTRACT PERIOD:** July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract.

The contractor shall indicate on the pricing table(s) below the firm fixed prices for the above contract period. Any price increase quoted must not exceed the maximum price increase stated in the contract (maximum 3% increase from prior period's pricing). The contractor shall understand and agree if the contractor responds with any renewal period pricing increase, such increase may result in a justification request or in the state conducting a new procurement process rather than accepting the contractor's proposed renewal option pricing.

All other terms, conditions and provisions of the contract shall remain the same and apply hereto. The contractor shall sign and return this document, along with completed pricing, on or before the date indicated.

The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

**EXHIBIT A  
CONTRACT RENEWAL PRICING**

**A.1 EQUIPMENT PRICING:**

<b>MORPHOTRAK LIVESCAN BOOKING WORKSTATIONS / OPTIONAL COMPONENTS</b>				
Product Number Description	Unit of Measure	Unit Price	Annual Maintenance 24x7	Annual Maintenance 8x5
<b>500 ppi Resolution LiveScans</b>				
Desktop LiveScan (Applicant Only)	Each	\$4,950.00	N/A	\$1,000.00 (Help Desk w/parts only)
Desktop LiveScan TP Only (Tenprint Capture Only; Qty.: 1-20)	Each	\$9,920.00	\$3,140.00	\$2,415.00
Desktop LiveScan -TP Only (Tenprint Capture Only; Qty.: >20)	Each	\$8,430.00	\$3,140.00	\$2,415.00
Desktop LiveScan - TP+ PP (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	\$16,090.00	\$3,783.00	\$2,910.00
Desktop LiveScan – TP + PP (Tenprint + Palm Print Capture; Qty.: >20)	Each	\$13,680.00	\$3,783.00	\$2,910.00
Portable Laptop LiveScan (Applicant Only)	Each	\$6,350.00	N/A	\$1,000.00 (Help Desk w/parts only)
Portable Laptop LiveScan – TP Only (Tenprint Capture Only; Qty.: 1-20)	Each	\$10,440.00	\$3,335.00	\$2,566.00
Portable Laptop LiveScan -TP Only (Tenprint Capture Only; Qty.: > 20)	Each	\$8,870.00	\$3,335.00	\$2,566.00
Portable Laptop LiveScan – TP+ PP (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	\$17,120.00	\$3,766.00	\$2,897.00
Portable Laptop LiveScan – TP + PP (Teleprint + Palm Print Capture; Qty.: > 20)	Each	\$14,550.00	\$3,766.00	\$2,897.00
Scanner Block – TP + PP, replacement (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	\$11,070.00	\$3,783.00	\$2,910.00
Scanner Block – TP + PP, replacement (Tenprint + Palm Print Capture; Qty.: >20)	Each	\$9,410.00	\$3,783.00	\$2,910.00
<b>1000 ppi High Resolution LiveScans</b>				
Desktop LiveScan - TP + PP (Tenprint + Palm Print Capture)	Each	\$17,864.00	\$3,890.00	\$2,992.00
Portable Laptop LiveScan - TP + PP (Tenprint + Palm Print Capture)	Each	\$18,216.00	\$3,775.00	\$2,904.00
<b>LiveScan Optional Components</b>				
FBI Certified Duplex Card Printer (Finger & Palm Duplex printer w/2 trays)	Each	\$1,600.00	\$358.00	\$244.00
Mugshot Capture – Type 10 (Desktop/Portable Models Only)	Each	\$1,325.00	\$290.00	\$199.00
Mugshot Capture – Type 10 (Cabinet Model Only)	Each	\$1,600.00	\$240.00	\$144.00
Iris Capture (Type 17)	Each	\$3,200.00	\$710.00	\$477.00
Local RMS Interface Connection	Each	\$2,000.00	\$440.00	\$300.00
Card Template Development (per card type)	Each	\$3,200.00	N/A	N/A
Training (4H Session; Max of 4 individuals)	Total	\$1,100.00	N/A	N/A

<b>MORPHO CARDSKAN PRICING</b>				
Description	Unit of Measure	Unit Price	Annual Maintenance 24x7	Annual Maintenance 8x5
CardScan Workstation	Each	\$5,250.00	\$1,776.00	\$1,800.00

<b>MORPHO FAST ID DEVICE PRICING</b>							
Description	Unit of Measure	Unit Price Qty. 1-25	Unit Price Qty. 26-100	Unit Price Qty. 101-200	Unit Price Qty. 201-500	Unit Price Qty. 500+	Annual Maint. 24x7
MorphoIDent (Handheld Device w/ Protective Sleeve)	Each	\$1,700.00	\$1,550.00	\$1,350.00	\$1,150.00	\$950.00	\$175.00

**MSHP LiveScan as a Service (LSaaS) Pricing Extract**

Description	Year 1-5 Pricing
<b>Standard Configuration</b>	
Desktop LiveScan (9x5)	\$6,592.00/Yr.
Desktop LiveScan (24x7)	\$7,244.00/Yr.
<b>Add-On Options</b>	
Morpho Cabinet	\$450.00/Yr.
Iris Capture	\$1,347.00/Yr.
No Photo Capture	\$(664.00)/Yr.
No FBI Duplex Printer	\$(678.00)/Yr.

**Standard Configuration:** TP +PP Capture, Mug Photo Capture, FBI Certified Duplex Card Printer, Current ELSA Software.

**Renewal Options:**

1. Agency may renew the LSaaS contract at the of Y5 and receive a new unit with the same basic configuration
- Or,
2. Purchase the unit for \$3,200.00 and pay the current maintenance rates at the time of "buy out"; maintenance options 9x5 and 24x7
- Or,
3. Let the contract expire at the end of Y5; MorphoTrak will remove the equipment.

**A.2 LIVESCAN EQUIPMENT MAINTENANCE PRICING:**

**MSHP LiveScan Equipment Maintenance Pricing:** Contractor shall also provide pricing of MSHP Livescan maintenance pricing.

**Local Law Enforcement Agency LiveScan Equipment Pricing:**

Contract C215091001

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*New Equipment Maintenance, Initial One-Year Period after Expiration of Warranty: See Equipment Pricing Tables for initial one year maintenance pricing to take effect after expiration of one-year warranty. Monthly maintenance pricing is calculated by taking annual maintenance and dividing by 12.*

*Maintenance Renewal Pricing: Upon the anniversary date of the equipment acquisition, equipment maintenance pricing may be increased by no more than 3% of the previous year's maintenance price.*

ATTACHMENT #1 - MSHP LIVESCAN MAINTENANCE PRICING

ITEM DESCRIPTION	QTY	Node Names	SRV	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul 17 - Jun 18
<b>CJIS TP Operations</b>																
CardScan Workstation	5	MCCS11/MCCS12/MCCS13/MCCS14/MCCS15	Dec-11	\$625.98	\$625.98	\$625.98	\$625.98	\$625.98	\$625.98	\$644.76	\$644.76	\$644.76	\$644.76	\$644.76	\$644.76	\$7,624.44
<b>Total</b>				\$625.98	\$625.98	\$625.98	\$625.98	\$625.98	\$625.98	\$644.76	\$644.76	\$644.76	\$644.76	\$644.76	\$644.76	\$7,624.44
<b>LiveScan Operations</b>																
ELSA-255C LiveScan (Crime Lab, 2nd Flr)	1	MOELSA23 (#17731) Booking Workstation	Apr-14	\$342.17	\$342.17	\$342.17	\$342.17	\$342.17	\$342.17	\$342.17	\$342.17	\$342.17	\$342.17	\$342.17	\$352.43	\$4,126.52
ILS2C LiveScan (Public Window)	1	MOILS45	Apr-09	\$879.52	\$879.52	\$879.52	\$879.52	\$879.52	\$879.52	\$879.52	\$879.52	\$879.52	\$879.52	\$879.52	\$905.91	\$10,580.83
Duplex Printers (Troop A and C)	2	AFISMOLEX04	May-03	\$134.10	\$134.10	\$134.10	\$134.10	\$134.10	\$134.10	\$134.10	\$134.10	\$134.10	\$134.10	\$134.10	\$138.12	\$1,617.19
ILS2-R255M LiveScan (Training Unit)	3	MOTRAIN01/MOTRAIN02/MOTRAIN03	May-06	\$998.66	\$998.66	\$998.66	\$998.66	\$998.66	\$998.66	\$998.66	\$998.66	\$998.66	\$998.66	\$998.66	\$1,028.62	\$12,043.80
ILS2-R255M LiveScan (Troop A)	1	MOPILS172 (LS+Printer+Mug)	May-10	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$560.98	\$6,668.40
ILS2-R255M LiveScan (Troop C)	1	MOPILS173 (LS+Printer+Mug)	May-10	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$544.64	\$560.98	\$6,668.40
MorphoDent Handheld w/Bluetooth	4	MorphoDent Demo Units, MOMIHP-0001 TO MOMIHP0004	Oct-12	\$30.28	\$30.28	\$30.28	\$30.28	\$31.19	\$31.19	\$31.19	\$31.19	\$31.19	\$31.19	\$31.19	\$31.19	\$370.63
MorphoDent Handheld w/Bluetooth	16	MorphoDent (OC 7988), MOMIHP-0005 TO MOMIHP0020, Ser.#: 12020093, 12020183, 12020083, 12020085, 12020086, 12020080, 12020108, 12020102, 12020096, 12020091, 12020007, 12020114, 12020169, 12020172, 12020004, 12020070	Oct-12	\$121.14	\$121.14	\$121.14	\$121.14	\$124.77	\$124.77	\$124.77	\$124.77	\$124.77	\$124.77	\$124.77	\$124.77	\$1,482.75
MorphoDent Handheld w/Bluetooth	16	MorphoDent (OC 13351), MOMIHP0021 TO MOMIHP0033, Ser.#: 13160233, 13160239, 13160246, 13160252, 13160260, 13160264, 13160272, 13160281, 13160293, 13160296, 13090555, 13090590, 13090593, 13090596, 13090567, 13090598	Jun-14	\$169.74	\$169.74	\$169.74	\$169.74	\$169.74	\$169.74	\$169.74	\$169.74	\$169.74	\$169.74	\$169.74	\$169.74	\$2,086.93
MorphoDent Handheld w/Bluetooth	1	MorphoDent (OC 18570), MOMIHP0008BKNGNARC, Ser.#: 14150342	Jun-14	\$10.61	\$10.61	\$10.61	\$10.61	\$10.61	\$10.61	\$10.61	\$10.61	\$10.61	\$10.61	\$10.61	\$10.61	\$127.31
MorphoDent Handheld w/Bluetooth	15	MorphoDent (OC 23262) Ser.#: 15100150, 15100151, 15100166, 15100185, 15100188, 15100259, 15100002, 15100004, 15110006, 15110036, 15110041, 15110058, 15110061, 15110062, 15110063, 15110069	Jun-15	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$1,977.60
MorphoDent Handheld w/Bluetooth	9	MorphoDent (OC23691) - Drug and Crime Ser.#: 15170119, 15170028, 15170029, 15170037, 15170032, 15170351, 15170041, 15170338, 15170045	Jul-15	\$160.00	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$1,972.80
MorphoDent Handheld w/Bluetooth	16	MorphoDent (OC 28368) Ser.#: 15160327, 15160300, 15170017, 15151005, 15150905, 15150945, 15160390, 15160386, 15160382, 15160376, 15160342, 15160350, 15160329, 15160384, 15160337, 15160399	Aug-16	Warr	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$1,780.00
ELSA LiveScan Portable (Training Unit)	1	MOELSAPT0 (OC 17760)	May-14	\$357.80	\$357.80	\$357.80	\$357.80	\$357.80	\$357.80	\$357.80	\$357.80	\$357.80	\$357.80	\$357.80	\$368.54	\$4,304.35
ELSA LiveScan Portable (Training Unit)	1	MOELSAPT1 (OC 20346)	Oct-14	\$340.75	\$340.75	\$340.75	\$340.75	\$350.98	\$350.98	\$350.98	\$350.98	\$350.98	\$350.98	\$350.98	\$350.98	\$4,170.84
<b>Total</b>				\$4,788.85	\$4,963.65	\$4,963.65	\$4,963.65	\$4,978.42	\$4,978.42	\$4,978.42	\$4,978.42	\$4,978.42	\$4,978.42	\$5,004.81	\$5,035.35	\$59,708.15
<b>GRAND TOTAL</b>				\$5,424.83	\$5,589.63	\$5,589.63	\$5,589.63	\$5,604.40	\$5,604.40	\$5,623.18	\$5,623.18	\$5,623.18	\$5,649.57	\$5,700.11	\$5,710.84	\$67,332.59

First year of maintenance  
 Month of the 3% increase apply



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/31/2018

12/13/2017

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : AXA Insurance Company</td> <td style="text-align: right;">33022</td> </tr> <tr> <td>INSURER B : Sentry Insurance a Mutual Company</td> <td style="text-align: right;">24988</td> </tr> <tr> <td>INSURER C : Sentry Casualty Company</td> <td style="text-align: right;">28460</td> </tr> <tr> <td>INSURER D : Insurance Company of the State of PA</td> <td style="text-align: right;">19429</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : AXA Insurance Company	33022	INSURER B : Sentry Insurance a Mutual Company	24988	INSURER C : Sentry Casualty Company	28460	INSURER D : Insurance Company of the State of PA	19429	INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER D : Insurance Company of the State of PA	19429														
INSURER E :															
INSURER F :															
<b>INSURED</b> 1430231 MORPHOTRAK, LLC 5515 E. LA PALMA AVE. SUITE 100 ANAHEIM CA 92807															

**COVERAGES** **CERTIFICATE NUMBER: 14725608** **REVISION NUMBER: XXXXXXXX**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	PCS00214817	12/1/2017	12/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> \$1,000 OTC/COLL DED	N	N	90-17190-02 (AOS) 90-17190-03 (MA)	5/31/2017 5/31/2017	5/31/2018 5/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N	N	XS00214917	12/1/2017	12/1/2018	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$ XXXXXXXX
C	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	90-17190-01 90-17190-04 (RETRO)	5/31/2017 5/31/2017	5/31/2018 5/31/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	<b>PROPERTY</b>	N	N	7533724	5/31/2017	6/1/2018	PROP ALL RISK COVERAGE

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.  
 The County of Boone is included as Additional Insured under the General Liability policy as their interest may appear, but only to the extent such status is required under their written contract / agreement with the Named Insured. 42885

<b>CERTIFICATE HOLDER</b> 14725608 County of Boone Boone County Annex Purchasing Department 613 E Ash Street Columbia MO 65201	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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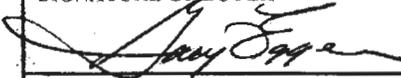
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## NOTICE OF RENEWAL

**State Of Missouri**  
**Office Of Administration**  
**Division Of Purchasing**  
**PO Box 809**  
**Jefferson City, MO 65102-0809**  
<http://oa.mo.gov/purchasing>

0001P  
 B2Z15091

<b>CONTRACT NUMBER</b> C215091001	<b>CONTRACT TITLE</b> AFIS LiveScans & Maintenance Services
<b>AMENDMENT NUMBER</b> 001	<b>CONTRACT PERIOD</b> July 1, 2016 through June 30, 2017
<b>REQUISITION NUMBER</b> NR 812 HP066000051	<b>VENDOR NUMBER</b> 3301547890 1
<b>CONTRACTOR NAME AND ADDRESS</b> MorphoTrak, LLC Attention: Doug Meier 33405 8 <sup>th</sup> Ave. S, Ste. 200 Federal Way, WA 98003	<b>STATE AGENCY'S NAME AND ADDRESS</b> Missouri State Highway Patrol Information Systems Division 1510 East Elm St. Jefferson City, MO 65101
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>  Contract C215091001 is hereby amended pursuant to the attached signed amendment #001, dated 6/27/16.	
<b>BUYER</b> Gary Eggen	<b>BUYER CONTACT INFORMATION</b> Email: gary.eggen@oa.mo.gov Phone: (573) 751-2497 Fax: (573) 526-9816
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 6/30/16
<b>DIRECTOR OF PURCHASING</b>   Karen S. Boeger	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
CONTRACT AMENDMENT

AMENDMENT NO.: 001  
CONTRACT NO.: C215091001  
TITLE: AFIS LiveScans & Maintenance Services  
ISSUE DATE: 06/24/16

REQ NO.: NR 812 HP066000051  
BUYER: Gary Eggen  
PHONE NO.: (573) 751-2497  
E-MAIL: [gary.eggen@oa.mo.gov](mailto:gary.eggen@oa.mo.gov)

TO: MorphoTrak, LLC  
Attention: Rosario Hernandez  
33405 8<sup>th</sup> Ave. S, Ste. 200  
Federal Way, WA 98003

RETURN AMENDMENT BY NO LATER THAN: 06/29/16 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:shelby.loethen@oa.mo.gov">shelby.loethen@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri State Highway Patrol  
Information Systems Division  
1510 East Elm St.  
Jefferson City, MO 65101

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.	
MORPHOTRAK LLC		MorphoTrak LLC	
MAILING ADDRESS		IRS FORM 1099 MAILING ADDRESS	
5515 E La Palma Ave			
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
Anaheim, CA 92807			
CONTACT PERSON		EMAIL ADDRESS	
Rosario Hernandez		<a href="mailto:rosario.hernandez@morpho.com">rosario.hernandez@morpho.com</a>	
PHONE NUMBER		FAX NUMBER	
714-238-2071		714-237-0050	
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE)	VENDOR NUMBER (IF KNOWN)	
33-0154789	<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	3301547890	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input checked="" type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		June 27, 2016	

Contract C215091001

Page 2

**AMENDMENT #001 TO CONTRACT C215091001**

**CONTRACT TITLE:** AFIS LiveScans & Maintenance Services

**CONTRACT PERIOD:** July 1, 2016 through June 30, 2017

The State of Missouri hereby exercises its option to renew the above-referenced contract.

The contractor shall indicate on the pricing table(s) below the firm fixed prices for the above contract period. Any price increase quoted must not exceed the maximum price increase stated in the contract (maximum 3% increase from prior period's pricing). The contractor shall understand and agree if the contractor responds with any renewal period pricing increase, such increase may result in a justification request or in the state conducting a new procurement process rather than accepting the contractor's proposed renewal option pricing.

All other terms, conditions and provisions of the contract shall remain the same and apply hereto. The contractor shall sign and return this document, along with completed pricing, on or before the date indicated.

The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

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**EXHIBIT A  
CONTRACT RENEWAL PRICING**

**A.1 EQUIPMENT PRICING:**

<b>LIVESCAN INTERFACE PRICING</b>		
<b>Description</b>	<b>Unit of Measure</b>	<b>Unit Price</b>
MSHP AFIS Integration	<b>REMOVE</b>	<b>REMOVE</b>
LiveScan to AFIS Connection Module (Non-MorphoTrak LiveScan)	<b>REMOVE</b>	<b>REMOVE</b>

<b>MORPHOTRAK LIVESCAN BOOKING WORKSTATIONS / OPTIONAL COMPONENTS</b>				
<b>Product Number Description</b>	<b>Unit of Measure</b>	<b>Unit Price</b>	<b>Annual Maintenance 24x7</b>	<b>Annual Maintenance 8x5</b>
<b>500 ppi Resolution LiveScan</b>				
Desktop LiveScan (Applicant Only)	Each	\$ 4,950.00	N/A	\$ 1,000.00 (Help Desk w/parts only)
Desktop LiveScan -TP Only (Tenprint Capture Only; Qty.: 1-20)	Each	\$ 9,920.00	\$ 3,140.00	\$ 2,415.00
Desktop LiveScan -TP Only (Tenprint Capture Only; Qty.: >20)	Each	\$ 8,430.00	\$ 3,140.00	\$ 2,415.00
Desktop LiveScan - TP+ PP (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	\$ 16,090.00	\$ 3,783.00	\$ 2,910.00
Desktop LiveScan - TP+ PP (Tenprint + Palm Print Capture; Qty.: >20)	Each	\$ 13,680.00	\$ 3,783.00	\$ 2,910.00
Portable Laptop LiveScan (Applicant Only)	Each	\$ 6,350.00	N/A	\$ 1,000.00 (Help Desk w/parts only)
Portable Laptop LiveScan -TP Only (Tenprint Capture Only; Qty.: 1-20)	Each	\$ 10,440.00	\$ 3,335.00	\$ 2,566.00
Portable Laptop LiveScan -TP Only (Tenprint Capture Only; Qty.: > 20)	Each	\$ 8,870.00	\$ 3,335.00	\$ 2,566.00
Portable Laptop LiveScan -TP+ PP (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	\$ 17,120.00	\$ 3,766.00	\$ 2,897.00
Portable Laptop LiveScan -TP+ PP (Tenprint + Palm Print Capture; Qty.: > 20)	Each	\$ 14,550.00	\$ 3,766.00	\$ 2,897.00
Scanner Block - TP+ PP, replacement (Tenprint + Palm Print Capture; Qty.: 1-20)	Each	\$ 11,070.00	\$ 3,783.00	\$ 2,910.00
Scanner Block - TP+ PP, replacement (Tenprint + Palm Print Capture; Qty.: > 20)	Each	\$ 9,410.00	\$ 3,783.00	\$ 2,910.00
<b>1000 ppi High Resolution LiveScan</b>				
Desktop LiveScan - TP+ PP (Tenprint + Palm Print Capture)	Each	\$17,864.00	\$3,890.00	\$2,992.00
Portable Laptop LiveScan - TP+ PP (Tenprint + Palm Print Capture)	Each	\$18,216.00	\$ 3,775.00	\$ 2,904.00
<b>LiveScan Optional Components</b>				
FBI Certified Duplex Card Printer (Finger & Palm Duplex printer w/2 trays)	Each	\$ 1,600.00	\$ 358.00	\$ 244.00
Mugshot Capture - Type 10 (Desktop/Portable Models Only)	Each	\$ 1,325.00	\$ 290.00	\$ 199.00
Mugshot Capture - Type 10 (Cabinet Model Only)	Each	\$ 1,600.00	\$ 240.00	\$ 144.00

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Iris Capture (Type 17)	Each	\$ 3,200.00	\$ 710.00	\$ 477.00
Local RMS Interface Connection	Each	\$ 2,000.00	\$ 440.00	\$ 300.00
Card Template Development (per card type)	Each	\$ 3,200.00	N/A	N/A
Training (4H Session; Max of 4 individuals)	Total	\$ 1,100.00	N/A	N/A

MORPHO CARDSKAN PRICING				
Description	Unit of Measure	Unit Price	Annual Maintenance 24x7	Annual Maintenance 8x5
CardScan Workstation	Each	\$ 5,250.00	\$ 1,776.00	\$ 1,200.00
CardScan Application Software (for AFIS Workstation)	Each	REMOVE	REMOVE	REMOVE

MORPHO FAST ID DEVICE PRICING							
Description	Unit of Measure	Unit Price Qty 1-25	Unit Price Qty 26-100	Unit Price Qty 101-200	Unit Price Qty 201-500	Unit Price Qty 500+	Annual Maint.
MorphoDent (Handheld Device w/ Protective Sleeve)	Each	\$ 1,700	\$ 1,550	\$ 1,350	\$ 1,150	\$ 950	\$175

SORNA KIOSK PRICING			
Description	Unit of Measure	Unit Price	Annual Maint. 24x7
SORNA Kiosk + Admin Workstation and Printer		REMOVE	REMOVE

## A.2 LIVESCAN EQUIPMENT MAINTENANCE PRICING:

**MSHP LiveScan Equipment Maintenance Pricing:** Contractor shall also provide pricing of MSHP Livescan maintenance pricing.

### **Local Law Enforcement Agency LiveScan Equipment Pricing:**

*New Equipment Maintenance, Initial One-Year Period after Expiration of Warranty:* See Equipment Pricing Tables for initial one year maintenance pricing to take effect **after** expiration of one-year warranty. Monthly maintenance pricing is calculated by taking annual maintenance and dividing by 12.

*Maintenance Renewal Pricing:* Upon the anniversary date of the equipment acquisition, equipment maintenance pricing may be increased by no more than 3% of the previous year's maintenance price.

ATTACHMENT #1 - MSHP LIVESCAN MAINTENANCE PRICING

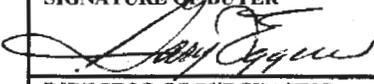
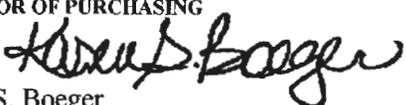
ITEM DESCRIPTION	QTY	Node Names	SRV	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul 16 - Jun 17	
CJIS TP Operations																	
CardScan Workstation	4	MOCS11/MOCS12/MOCS13/MOCS15	Dec-11	\$607.75	\$607.75	\$607.75	\$607.75	\$607.75	\$607.75	\$625.98	\$625.98	\$625.98	\$625.98	\$625.98	\$625.98	\$7,402.40	
LiveScan Operations																	
ELSA-255C LiveScan (Public Window)	1	MOELSAC23 (#17731) Booking Workstation	Apr-14	\$332.20	\$332.20	\$332.20	\$332.20	\$332.20	\$332.20	\$332.20	\$332.20	\$332.20	\$332.20	\$342.17	\$342.17	\$4,006.33	
ILS2C LiveScan (Public Window)	1	MOILS45	Apr-09	\$879.52	\$879.52	\$879.52	\$879.52	\$879.52	\$879.52	\$879.52	\$879.52	\$879.52	\$905.81	\$879.52	\$879.52	\$10,580.63	
Duplex Printers (Troop A and C)	2	AFISM/OLEX04	May-03	\$130.19	\$130.19	\$130.19	\$130.19	\$130.19	\$130.19	\$130.19	\$130.19	\$130.19	\$130.19	\$130.19	\$130.19	\$1,570.09	
ILS2-R255M LiveScan (Training Unit)	3	MOTRAIN01/MOTRAIN02/MOTRAIN03	May-08	\$969.57	\$969.57	\$969.57	\$969.57	\$969.57	\$969.57	\$969.57	\$969.57	\$969.57	\$969.57	\$969.57	\$969.57	\$11,633.01	
ILS2-R255M LiveScan (Troop A)	1	MOPILS172 (LS+Printer+Mug)	May-10	\$528.78	\$528.78	\$528.78	\$528.78	\$528.78	\$528.78	\$528.78	\$528.78	\$528.78	\$528.78	\$544.64	\$544.64	\$6,377.09	
ILS2-R255M LiveScan (Troop C)	1	MOPILS173 (LS+Printer+Mug)	May-10	\$528.78	\$528.78	\$528.78	\$528.78	\$528.78	\$528.78	\$528.78	\$528.78	\$528.78	\$528.78	\$544.64	\$544.64	\$6,377.09	
MorphoDent handheld w/Bluetooth	20	MOMIHP-0001 TO MOMIHP0020 (#7968)	Oct-12	\$147.01	\$147.01	\$147.01	\$147.01	\$151.42	\$151.42	\$151.42	\$151.42	\$151.42	\$151.42	\$151.42	\$151.42	\$1,799.40	
MorphoDent handheld w/Bluetooth	18	MOMIHP0021 TO MOMIHP0033 (#13351)	Jun-14	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$164.80	\$1,977.60	
MorphoDent handheld w/Bluetooth	1	MOMHP0006BKNGNARC (#18570)	Jun-14	\$10.30	\$10.30	\$10.30	\$10.30	\$10.30	\$10.30	\$10.30	\$10.30	\$10.30	\$10.30	\$10.30	\$10.30	\$123.60	
MorphoDent handheld w/Bluetooth	16	15100150, 15100151, 15100166, 15100185, 15100186, 15100259, 15110002, 15110004, 1511006, 1511008, 15110041, 15110059, 15110061, 15110062, 15110063, 15110069 (#23292)	Jun-15	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$160.00	\$1,820.00
ELSA LiveScan Portable (Training Unit)	1	MOELSAPT0 (17760)	May-14	\$347.38	\$347.38	\$347.38	\$347.38	\$347.38	\$347.38	\$347.38	\$347.38	\$347.38	\$347.38	\$347.38	\$347.38	\$4,178.98	
ELSA LiveScan Portable (Training Unit)	1	MOELSAPT1 (20346)	Oct-14	\$330.83	\$330.83	\$330.83	\$330.83	\$340.75	\$340.75	\$340.75	\$340.75	\$340.75	\$340.75	\$340.75	\$340.75	\$4,048.36	
<b>GRAND TOTAL</b>				\$5,137.11	\$5,137.11	\$5,137.11	\$5,137.11	\$5,151.45	\$5,151.45	\$5,169.66	\$5,169.66	\$5,169.66	\$5,196.08	\$5,244.36	\$5,254.78		

First year of maintenance  
Month of the 3% increase apply



## NOTICE OF AWARD

**State Of Missouri**  
**Office Of Administration**  
**Division Of Purchasing**  
**PO Box 809**  
**Jefferson City, MO 65102-0809**  
<http://oa.mo.gov/purchasing>

<b>CONTRACT NUMBER</b> C215091001	<b>CONTRACT TITLE</b> AFIS LiveScans & Maintenance Services
<b>AMENDMENT NUMBER</b> N/A	<b>CONTRACT PERIOD</b> July 1, 2015 through June 30, 2016
<b>REQUISITION NUMBER</b> N/A	<b>VENDOR NUMBER</b> 3301547890 1
<b>CONTRACTOR NAME AND ADDRESS</b> MorphoTrak, LLC Attention: Doug Meier 33405 8 <sup>th</sup> Ave. S, Ste. 200 Federal Way, WA 98003	<b>STATE AGENCY'S NAME AND ADDRESS</b> Missouri State Highway Patrol Information Systems Division 1510 East Elm St. Jefferson City, MO 65101
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b>	
<p>In accordance with section 34.044, RSMo, the State of Missouri, Division of Purchasing hereby establishes Contract C215091001 for use by the Missouri State Highway Patrol (MSHP) as well as local law enforcement agencies for AFIS LiveScans and Maintenance Services, pursuant to all terms, conditions, prices, and provisions of the attached agreement, and the State of Missouri Terms and Conditions. All transactions between the MSHP and MorphoTrak shall reference the State of Missouri contract number.</p>	
<b>BUYER</b> Gary Eggen	<b>BUYER CONTACT INFORMATION</b> Email: gary.eggen@oa.mo.gov Phone: (573) 751-2497 Fax: (573) 526-9816
<b>SIGNATURE OF BUYER</b> 	<b>DATE</b> 8/1/15
<b>DIRECTOR OF PURCHASING</b>  Karen S. Boeger	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)  
SINGLE FEASIBLE SOURCE PROCUREMENT (SFS)

SFS NO.: B2Z15091  
TITLE: AFIS LIVESCANS & MAINTENANCE SERVICES  
ISSUE DATE: 07/06/15

BUYER: GARY EGGEN  
PHONE NO.: (573) 751-2497  
E-MAIL: gary.eggen@oa.mo.gov

TO: MORPHOTRAK, LLC  
ATTENTION:  
113 SOUTH COLUMBUS ST., SUITE 400  
ALEXANDRIA, VA 22314

RETURN DOCUMENT TO: (U.S. Mail) DPMM or (Courier Service) DPMM  
PO BOX 809 301 WEST HIGH STREET, ROOM 630  
JEFFERSON CITY MO 65102-0809 JEFFERSON CITY MO 65101-1517

OR FAX TO: (573) 526-9818  
OR E-MAIL IMAGED SIGNED COPY TO BUYER LISTED ABOVE

CONTRACT PERIOD: JULY 1, 2015 THROUGH JUNE 30, 2016

DELIVER SUPPLIES/SERVICES FOB (Free on Board) DESTINATION TO THE FOLLOWING ADDRESS:

MISSOURI STATE HIGHWAY PATROL  
INFORMATION SYSTEMS DIVISION  
1510 EAST ELM ST.  
JEFFERSON CITY, MO 65101

The company identified in the spaces below hereby declares understanding, agreement and certification to compliance to provide the items and/or services, at the prices quoted, in accordance with the specifications and requirements contained herein and the State of Missouri – Terms and Conditions (Revised 02/15/08). The identified company further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between such company and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.	
MAILING ADDRESS		MorphoTrak LLC	
1250 N. Tustin Ave.		IRS FORM 1099 MAILING ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
Anaheim, CA 92807			
CONTACT PERSON		EMAIL ADDRESS	
Rosario Hernandez		rosario.hernandez@morpho.com	
PHONE NUMBER		FAX NUMBER	
714-238-2071		714-237-0050	
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE)	VENDOR NUMBER (IF KNOWN)	
33-0154789	<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	3301547890	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)		(NOTE: LLC IS NOT A VALID TAX FILING TYPE.)	
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> Other LLC			
AUTHORIZED SIGNATURE		DATE	
		8/27/2015	
PRINTED NAME		TITLE	
Walt Scott		Vice President	

## 1. INTRODUCTION

- 1.1 **Purpose:** The Missouri State Highway Patrol (MSHP) (hereinafter referred to as "agency") requires the ability to purchase LiveScan equipment and maintenance for their Automated Fingerprint Identification System (AFIS). The MSHP also requires the ability for local law enforcement agencies throughout the state of Missouri to also acquire equipment and maintenance from the resulting procurement contract. This agreement shall serve the purpose of establishing procurement authority to allow the agency to acquire the equipment and services required at the pricing provided herein.
- 1.2 **Single Feasible Source Authority:** Pursuant to section 34.044, RSMo, allowing Single Feasible Source, the State of Missouri desires to establish a contract with MorphoTrak to acquire the above referenced equipment and services pursuant to the pricing and terms included herein.
- 1.3 **General Instructions and Requirements:** Please complete and sign the first page of this document, thereby agreeing to provide the referenced services under the terms and conditions provided herein. Contractor signature is required to confirm the offer to contract for the products and/or services described herein and to confirm your agreement that upon receipt of a Notice of Award signed by an authorized official from the State of Missouri, Division of Purchasing and Materials Management (DPMM), a binding contract shall exist between MorphoTrak and the State of Missouri. Invoices for products and/or services provided for the State of Missouri must be submitted to the address shown on Page 1.

## 2. GENERAL CONTRACT REQUIREMENTS

- 2.1 **Contract Period:** The original contract period shall be July 1, 2015 through June 30, 2016. The contract shall not bind, nor purport to bind, the state for any contractual commitment in excess of the original contract period. The Division of Purchasing and Materials Management shall have the right, at its sole option, to renew the contract for five (5) additional one-year periods. In the event the state exercises renewal of the contract, all terms, conditions and provisions of the contract shall remain unchanged. Contract prices may be revised for the renewal periods; however, pricing shall not increase by more than 3% for each renewal period over the prior contract/renewal period.
- 2.2 **Contract Price:** All prices shall be as indicated on the Pricing Page in Exhibit A of this document. The state shall not pay nor be liable for any other additional costs including but not limited to taxes, shipping charges, insurance, interest, penalties, termination payments, attorney fees, liquidated damages, etc.
- 2.3 **Payments:** For equipment purchases, payments shall be made in arrears of receiving product. For purchases of maintenance subscriptions, payments may be made monthly in advance. Invoices shall be directed to the agency/address indicated on the respective purchase orders submitted.
- 2.4 **Termination:** The Division of Purchasing and Materials Management reserves the right to terminate the contract at any time, for the convenience of the State of Missouri, without penalty or recourse, by giving written notice to the contractor at least thirty (30) calendar days prior to the

effective date of such termination. The contractor shall be entitled to receive compensation for services and/or supplies delivered to and accepted by the State of Missouri pursuant to the contract prior to the effective date of termination.

- 2.5 **Contractor Status:** The contractor represents himself or herself to be an independent contractor offering such services to the general public and shall not represent himself/herself or his/her employees to be an employee of the State of Missouri. Therefore, the contractor shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, workers compensation, employee insurance, minimum wage requirements, overtime, etc., and agrees to indemnify, save, and hold the State of Missouri, its officers, agents, and employees, harmless from and against, any and all loss; cost (including attorney fees); and damage of any kind related to such matters.
- 2.6 **Assignment:** The contractor shall not transfer any interest in the contract, whether by assignment or otherwise, without the prior written consent of the Division of Purchasing and Materials Management.
- 2.7 **Confidentiality and Security Documents:** If required by the state agency, the contractor and any required contractor personnel must sign specific documents regarding confidentiality, security, or other similar documents upon request. Failure of the contractor and any required personnel to sign such documents shall be considered a breach of contract and subject to the cancellation provisions of this document.
- 2.8 **Location of Work Performed:** All services provided must be performed within the continental United States.
- 2.9 **Affidavit of Work Authorization and Documentation:** Pursuant to section 285.530, RSMo, if the contractor meets the section 285.525, RSMo, definition of a "business entity" (<http://www.moga.mo.gov/statutes/C200-299/2850000525.HTM>), the contractor must affirm the contractor's enrollment and participation in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services requested herein. The contractor should complete applicable portions of Exhibit B, Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization. The applicable portions of Exhibit B must be submitted prior to an award of a contract.
- 2.10 **Contractor's Personnel:** The contractor shall only utilize personnel authorized to work in the United States in accordance with applicable federal and state laws. This includes but is not limited to the *Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA)* and INA Section 274A.

If the contractor is found to be in violation of this requirement or the applicable state, federal and local laws and regulations, and if the State of Missouri has reasonable cause to believe that the contractor has knowingly employed individuals who are not eligible to work in the United States, the state shall have the right to cancel the contract immediately without penalty or recourse and suspend or debar the contractor from doing business with the state. The state may also withhold up to twenty-five percent of the total amount due to the contractor.

The contractor shall agree to fully cooperate with any audit or investigation from federal, state, or local law enforcement agencies.

If the contractor meets the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, the contractor shall maintain enrollment and participation in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the contracted services included herein. If the contractor's business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, then the contractor shall, prior to the performance of any services as a business entity under the contract:

- (1) Enroll and participate in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND
- (2) Provide to the Division of Purchasing and Materials Management the documentation required in the exhibit titled, Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program; AND
- (3) Submit to the Division of Purchasing and Materials Management a completed, notarized Affidavit of Work Authorization provided in the exhibit titled, Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization.

In accordance with subsection 2 of section 285.530, RSMo, the contractor should renew their Affidavit of Work Authorization annually. A valid Affidavit of Work Authorization is necessary to award any new contracts.

### **3. SCOPE OF WORK REQUIREMENTS:**

#### **3.1 Equipment Acquisition:**

3.1.1 The contractor shall provide Livescan equipment and optional equipment specified in Exhibit A of this document to law enforcement agencies located in the state of Missouri including but not limited to state, city and county law enforcement entities. Equipment shall be provided pursuant to the pricing included in Exhibit A.

#### **3.1.2 Substitutions / Additions:**

- a. The state reserves the right to allow the contractor to substitute any new product offered by the contractor on all unshipped and future orders if the quality is equal to or greater than the product under contract and if the prices are equal to or less than the contract prices. The DPMM shall be the final authority as to acceptability. The contractor shall not substitute any item(s) included in the contract without the prior written approval of the DPMM. Equipment that is discontinued or no longer in production and does not have a suitable substitution will be cancelled from the contract.
- b. The DPMM reserves the right to add new equipment to the contract provided the DPMM determines that the new equipment is within the scope of the single source nature of the contract.

#### **3.2 Equipment Warranty / Maintenance:**

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- 3.1.1 All new equipment shall include a one year warranty covering all necessary parts and labor. The contractor shall offer a post-warranty maintenance agreement to include all necessary preventive and remedial maintenance, including coverage for all parts and labor, for all AFIS LiveScan equipment installed at the MSHP and local law enforcement agencies located throughout the State of Missouri.
- 3.1.2 For remedial maintenance coverage, the contractor shall provide a toll free phone number for users to call in event of equipment problems. The contractor shall initially attempt to resolve the problem remotely. In the event that remote resolution is not able to be accommodated, the contractor shall dispatch a technician on-site to resolve the problem.

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**EXHIBIT A  
CONTRACT PRICING**

**A.1 EQUIPMENT PRICING:**

<b>LIVESCAN INTERFACE PRICING</b>		
<b>Description</b>	<b>Unit of Measure</b>	<b>Unit Price</b>
MSHP AFIS Integration	Each	\$ 1,200.00
LiveScan to AFIS Connection Module (Non-MorphoTrak LiveScan)	Each	\$ 5,000.00

<b>MORPHOTRAK LIVESCAN BOOKING WORKSTATIONS / OPTIONAL COMPONENTS</b>				
<b>Product Number Description</b>	<b>Unit of Measure</b>	<b>Unit Price</b>	<b>Annual Maintenance 24x7</b>	<b>Annual Maintenance 8x5</b>
<b>500 ppi Resolution LiveScans</b>				
Desktop LiveScan (Applicant Only; Qty.: 1-10)	Each	\$ 4,950.00	N/A	\$ 1,000.00
Desktop LiveScan (Applicant Only; Qty.: > 10)	Each	\$ 4,790.00	N/A	\$ 1,000.00
Desktop LiveScan -TP Only (Tenprint Capture Only)	Each	\$ 11,500.00	\$ 3,640.00	\$ 2,800.00
Desktop LiveScan - TP+ PP (Tenprint + Palm Print Capture)	Each	\$ 18,800.00	\$ 4,420.00	\$ 3,400.00
Portable Laptop LiveScan (Applicant Only; Qty.: 1-10)	Each	\$ 6,950.00	N/A	\$ 1,000.00
Portable Laptop LiveScan (Applicant Only; Qty.: > 10)	Each	\$ 6,790.00	N/A	\$ 1,000.00
Portable Laptop LiveScan -TP Only (Tenprint Capture Only)	Each	\$ 11,800.00	\$ 3,770.00	\$ 2,900.00
Portable Laptop LiveScan -TP+ PP (Tenprint + Palm Print Capture)	Each	\$ 19,500.00	\$ 4,290.00	\$ 3,300.00
<b>1000 ppi High Resolution LiveScans</b>				
Desktop LiveScan - TP Only (Tenprint Capture Only)	Each	\$12,700.00	\$3,640.00	\$2,800.00
Desktop LiveScan - TP+ PP (Tenprint + Palm Print Capture)	Each	\$20,300.00	\$4,420.00	\$3,400.00
Portable Laptop LiveScan - TP Only (Tenprint Capture Only)	Each	\$15,500.00	\$3,770.00	\$2,900.00
Portable Laptop LiveScan - TP+ PP (Tenprint + Palm Print Capture)	Each	\$20,700.00	\$4,290.00	\$3,300.00
<b>LiveScan Optional Components</b>				
FBI Certified Duplex Card Printer (Finger & Palm)	Each	\$ 2,100.00	\$ 470.00	\$ 320.00
Mug Photo Capture - Type 10 (Desktop/Portable Models Only)	Each	\$ 1,735.00	\$ 380.00	\$ 260.00
Mug Photo Capture - Type 10 (Cabinet Model Only)	Each	\$3,350.00	\$ 503.00	\$ 302.00
Iris Capture (Type 17)	Each	\$ 2,750.00	\$ 610.00	\$ 410.00
Local RMS Interface Connection	Each	\$ 2,000.00	\$ 440.00	\$ 300.00

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OID Workstation Connection (For Existing LiveScans)	Each	\$ 3,100.00	\$ 700.00	\$ 470.00
Card Template Development (per card type)	Each	\$ 3,200.00	N/A	N/A
Training (4H Session; Max of 4 individuals)	Total	\$ 1,100.00	N/A	N/A

MORPHO CARDS CAN PRICING				
Description	Unit of Measure	Unit Price	Annual Maintenance 24x7	Annual Maintenance 8x5
CardScan Workstation	Each	\$ 5,250.00	\$ 1,776.00	\$ 1,200.00
CardScan Application Software (for AFIS Workstation)	Each	\$ 3,000.00	\$ 1,015.00	\$ 685.00

MORPHO FAST ID DEVICE PRICING							
Description	Unit of Measure	Unit Price Qty 1-25	Unit Price Qty 26-100	Unit Price Qty 101-200	Unit Price Qty 201-500	Unit Price Qty 500+	Annual Maint. 24x7
MorphoIdent (Handheld Device w/ Protective Sleeve)	Each	\$ 1,700	\$ 1,550	\$ 1,350	\$ 1,150	\$ 950	\$ 175

SORNA KIOSK PRICING			
Description	Unit of Measure	Unit Price	Annual Maint. 24x7
SORNA Kiosk + Admin Workstation and Printer	Each	N/A	\$4,500.00

## A.2 LIVESCAN EQUIPMENT MAINTENANCE PRICING:

**MSHP LiveScan Equipment Maintenance Pricing:** See Attachment #1.

### **Local Law Enforcement Agency LiveScan Equipment Pricing:**

*New Equipment Maintenance, Initial One-Year Period after Expiration of Warranty:* See Equipment Pricing Tables for initial one year maintenance pricing to take effect **after** expiration of one-year warranty. Monthly maintenance pricing is calculated by taking annual maintenance and dividing by 12.

*Maintenance Renewal Pricing:* Upon the anniversary date of the equipment acquisition, equipment maintenance pricing may be increased by no more than 3% of the previous year's maintenance price.

Attachment H.1  
LiveScan Interface Price

Part Number	Description	Price	Annual Maintenance	Item Function	Type of Component	Who Purchases?	State Funds Used?
	<i>MSHP AFIS Integration</i>	\$1,200		This interface is for livescan devices that meet the specifications of the MSHP livescan control document and have been acquired outside of this contract. The interface and integration charges are assessed per individual livescan system outside this contract to connect to the MSHP AFIS	Contractor (MorphoTrak) Labor	Missouri Criminal Justice Agencies	No
	Livescan to AFIS Connection Module	\$5,000					
	<b>Total</b>	<b>\$6,200</b>					

**Notes:**

1. This interface is for livescan devices that meet the specifications of the MSHP livescan control document and have been acquired outside of this contract.
2. The interface and integration charges are assessed per individual livescan system outside this contract to connect to the MSHP AFIS
3. All prices included in this attachment are valid through June 30, 2015
4. Prices do not include any applicable Federal, State, or local taxes.

Product Number	Description	Price	Annual Maintenance 24X7	Annual Maintenance 8X5	Item Function	Type of Component	Who Purchases?	State Funds Used?
<b>ELSA Livescan 500ppi</b>								
ELSA-P255C0-0	MorphoTrak ELSA-P255C livescan booking workstation, 2-Finger FAST ID, rolled fingerprints and palms, cabinet, 500ppi.	\$23,200	\$4,940	\$3,800	Cabinet Model Livescan - used for electronic capture and submission of fingerprints from: applicants, criminals, sex offenders, juveniles, DOC prints.	Hardware/Software/Installation	Any Missouri Criminal Justice Agency	Not usually. MSHP only owns 7 of these devices - the most recent two of which were purchased with federal grant funds. Approximately 80% of the nearly 300 devices statewide have historically been purchased with federal grant funds.
ELSA-P255D0-0	MorphoTrak ELSA-P255D livescan booking workstation, 2-Finger FAST ID, rolled fingerprints and palms, desktop, 500ppi.	\$18,800	\$4,420	\$3,400	Desktop Model Livescan - used for electronic capture and submission of fingerprints from: applicants, criminals, sex offenders, juveniles, DOC prints.	Same as above	Same as above	Same as above
ELSA-P255M0-0	MorphoTrak ELSA-P255M livescan booking workstation, 2-Finger FAST ID, rolled fingerprints and palms, mobile, 500ppi.	\$19,500	\$4,290	\$3,300	Laptop Model Livescan - used for electronic capture and submission of fingerprints from: applicants, criminals, sex offenders, juveniles, DOC prints.	Same as above	Same as above	Same as above
ELSA-R255C0-0	MorphoTrak ELSA-R255C livescan booking workstation, 2-Finger FAST ID, rolled fingerprints, cabinet, 500ppi.	\$15,000	\$4,160	\$3,200	Cabinet Model Livescan (no palm prints) - used for electronic capture and submission of fingerprints from: applicants, criminals, sex offenders, juveniles, DOC prints.	Same as above	Same as above	Same as above
ELSA-R255D0-0	MorphoTrak ELSA-R255D livescan booking workstation, 2-Finger FAST ID, rolled fingerprints, desktop, 500ppi.	\$11,500	\$3,640	\$2,800	Desktop Model Livescan (no palm prints) - used for electronic capture and submission of fingerprints from: applicants, criminals, sex offenders, juveniles, DOC prints.	Same as above	Same as above	Same as above
ELSA-R255M0-0	MorphoTrak ELSA-R255M livescan booking workstation, 2-Finger FAST ID, rolled fingerprints, mobile, 500ppi.	\$11,800	\$3,770	\$2,900	Laptop Model Livescan (no palm prints) - used for electronic capture and submission of fingerprints from: applicants, criminals, sex offenders, juveniles, DOC prints.	Same as above	Same as above	Same as above
<b>Printing</b>								
ELSA-DUPLX0	FBI Certified Duplex Card Print (finger & palm)	\$2,100	\$470	\$320	Optional, but required if the purchased livescan device needs to be able to print a fingerprint card on a printer.	Same as above	Same as above	Same as above
<b>Equipment Options</b>								
ELSA Total Mug Photo Solution (cabinet)	Mug Photo capture (Type 10) for cabinet system	\$2,296	\$500	\$340	Optional, but required if the purchased livescan device needs to be able to capture and submit a photo.	Same as above	Same as above	Same as above

ELSA Total Mug Photo Solution (desktop/mobile)	Mug Photo capture (Type 10) for desktop/mobile system	\$1,735	\$380	\$260	Same as above	Same as above	Same as above	Same as above
ELSA Total Iris Capture Solution (MorphoEyes)	Iris capture (Type 17)	\$2,750	\$610	\$410	Optional, but required if the purchased livescan device needs to be able to capture and submit iris images.	Same as above	Same as above	No
RMS-Interface	Local RMS Interface Connection	\$2,000	\$440	\$300	Optional, but required if the purchased livescan device needs to be able to interface with a local agency's RMS system.	Contractor (MorphoTrak) Labor	Same as above	No
OID-Interface	OID Workstation Connection for existing Livescan	\$3,100	\$700	\$470	Optional, but required if the purchased livescan device needs to be able to interface with a local agency's OID system.	Contractor (MorphoTrak) Labor	Same as above	No
<b>Optional Services:</b>								
	Card Template Development Duplex (per card type)	\$3,200	\$710	\$480	In the event of a new print format to be developed, MSHP would need to pay Contractor (MorphoTrak) for the development and implementation of such.	Software/Development/Installation	MSHP	Possibly - depending on card format purpose, could be grant money, state funds, or CJIS funds.

Livescan price includes the Livescan to AFIS Connection Module.

**Notes:**

1. Annual maintenance price is the price for the first year following warranty. Maintenance prices will escalate 5% per year for subsequent years.
2. All prices included in this attachment are valid through June 30, 2015
3. Prices do not include any applicable Federal, State, or local taxes.

## Attachment H.3

Product Number	Description	Price	Annual Maintenance 24X7	Annual Maintenance 8X5	Item Function	Type of Component	Who Purchases?	State Funds Used?
2900-000	Cardscan Workstation*	\$17,500	\$2,625	\$1,575	Cardscans are used to enter cards into AFIS, for agencies that do not have a livescan and must mail in cards to MSHP. Cardscans require an AFIS connection, so only MSHP and AFIS remote agencies may purchase cardscans.	Hardware/Software /Installation	MSHP or any AFIS Remote Agency	Possibly, although it's been years since MSHP has purchased any. Any future purchases could also be made with federal grant funding. Non-state agencies may also purchase.
TBD	CardScan Application Add-on to AFIS Workstation **	\$10,000	\$1,500	N/A	This is an option in lieu of purchasing a standalone cardscan. This option is an "add on" to an AFIS workstation.	Hardware/Software /Installation	Same as Above	Same as Above
9900-101	Training (Maximum of 4 Individuals)	\$1,100			Optional training purchase for new cardscan agencies.	Training	New Cardscan Agencies	No - MSHP received training years ago.

\* This price includes the Cardscan to AFIS Connection Module

\*\* This option is only available for implementation on an existing AFIS WS; workstation can not be ru

**Notes:**

1. Annual maintenance price is the price for the first year following warranty. Maintenance prices will escalate 5% per year for subsequent years.
2. All prices included in this attachment are valid through June 30, 2015
3. Prices do not include any applicable Federal, State, or local taxes.

Product Number	Description	Price*	Annual Maintenance Help Desk support and parts	Item Function	Type of Component	Who Purchases?	State Funds Used?
ELSA-R255DA0-0	ELSA-R255DA Desktop Applicant/ Rolled Live Scan System (quan 1-20)	\$4,950	\$1,000	Desktop Model Livescan - used for electronic capture and submission of fingerprints from applicants only.	Hardware/Software /Installation	Any Missouri Criminal Justice Agency	Not usually. MSHP only owns 7 of these devices - the most recent two of which were purchased with federal grant funds. Approximately 80% of the nearly 300 devices statewide have historically been purchased with federal grant funds.
ELSA-R255DA0-0	ELSA-R255DA Desktop Applicant/Rolled Live Scan System (quan greater than 20)	\$4,790	\$1,000	Same as above (this items is for quantity greater than 20)	Same as above	Same as above	Same as above
ELSA-R255PA0-0	ELSA-R255PA Portable Applicant/ Rolled Live Scan System (quan 1-20)	\$6,950	\$1,000	Laptop Model Livescan - used for electronic capture and submission of fingerprints from applicants only.	Same as above	Same as above	Same as above
ELSA-R255PA0-0	ELSA-R255PA Portable Applicant/Rolled Live Scan System (quan greater than 20)	\$6,790	\$1,000	Same as above (this items is for quantity greater than 20)	Same as above	Same as above	Same as above
<b>Printing</b>							
ELSA-DUPLX0	FBI Certified Duplex Card Print	\$2,100	\$320	Optional, but required if the purchased livescan device needs to be able to print a fingerprint card on a printer.	Same as above	Same as above	Same as above
<b>Photo Capture</b>							
ELSA Total Photo Solution (desktop)	Photo capture for desktop system	\$1,735	\$260	Optional, but required if the purchased livescan device needs to be able to capture and submit a photo.	Same as above	Same as above	Same as above
ELSA Total Photo Solution (portable)	Photo capture for portable system	\$1,783	\$260	Optional, but required if the purchased livescan device needs to be able to capture and submit a photo.	Same as above	Same as above	Same as above
	Carrying Case for Portable Livescan System						

\* This price includes the livescan to AFIS Connection Module

**Notes:**

1. Annual maintenance price is the price for the first year following warranty. Maintenance prices will escalate 5% per year for subsequent years.
2. All prices included in this attachment are valid through June 30, 2015
3. Prices do not include any applicable Federal, State, or local taxes.

System	Description	MugPhoto Upgrade Unit Price	Annual Maintenance 24X7	Annual Maintenance \$X\$	Item Function	Type of Component	Who Purchases?	State Funds Used?
SMI Total Mug Photo Solution	Addition of MugPhoto to existing ILS2 livescan only.	\$3,350	\$503	\$302	Optional, but required if the purchased livescan device needs to be able to capture and submit a photo.	Hardware/ Software/ Installation	Any Missouri Criminal Justice Agency	No. All livescans sold as of 1/1/14 are the ELSA livescan. This option is for any livescan agency with the older model of livescan that would like to begin capturing photos. This item most likely won't be used.

**Notes:**

1. Annual maintenance price is the price for the first year following warranty. Maintenance prices will escalate 5% per year for subsequent years.
2. All prices included in this attachment are valid through June 30, 2015
3. Prices do not include any applicable Federal, State, or local taxes.

## Attachment H.7

Product Number	Description	Price	Annual Maintenance 24X7	Annual Maintenance 8X5	Item Function	Type of Component	Who Purchases?	State Funds Used?
	<b>ELSA Livescan 1000ppi</b>							
ELSA-P300C0-0	MorphoTrak ELSA-P300C livescan booking workstation, 2-Finger FAST ID, rolled fingerprints and palms, cabinet, 1000ppi.	\$24,600	\$4,940	\$3,800	Future - with the AFIS system upgrade, all newly purchased livescans must be 1000 ppi	Hardware/ Software/ Installation	Any Missouri Criminal Justice Agency	Not usually. MSHP only owns 7 of these devices - the most recent two of which were purchased with federal grant funds. Approximately 80% of the nearly 300 devices statewide have historically been purchased with federal grant funds.
ELSA-P300D0-0	MorphoTrak ELSA-P300D livescan booking workstation, 2-Finger FAST ID, rolled fingerprints and palms, desktop, 1000ppi.	\$20,300	\$4,420	\$3,400	Same as above	Same as above	Same as above	Same as above
ELSA-P300M0-0	MorphoTrak ELSA-P300M livescan booking workstation, 2-Finger FAST ID, rolled fingerprints and palms, mobile, 1000ppi.	\$20,700	\$4,290	\$3,300	Same as above	Same as above	Same as above	Same as above
ELSA-R300C0-0	MorphoTrak ELSA-R300C livescan booking workstation, 2-Finger FAST ID, rolled fingerprints, cabinet, 1000ppi.	\$17,800	\$4,160	\$3,200	Same as above	Same as above	Same as above	Same as above
ELSA-R300D0-0	MorphoTrak ELSA-R300D livescan booking workstation, 2-Finger FAST ID, rolled fingerprints, desktop, 1000ppi.	\$12,700	\$3,640	\$2,800	Same as above	Same as above	Same as above	Same as above
ELSA-R300M0-0	MorphoTrak ELSA-R300M livescan booking workstation, 2-Finger FAST ID, rolled fingerprints, mobile, 1000ppi.	\$15,500	\$3,770	\$2,900	Same as above	Same as above	Same as above	Same as above

Livescan price includes the Livescan to AFIS Connection Module.

**Notes:**

1. Annual maintenance price is the price for the first year following warranty. Maintenance price will escalate 5% per year for subsequent years.
2. All prices included in this attachment are valid through June 30, 2015
3. Prices do not include any applicable Federal, State, or local taxes.
4. Printing, Equipment Options and Optional Services are the same for 500ppi or 1000 ppi. See tab H2

Attachment H.9

Product Number	Code	Description	List Price Qty 1-25	List Price Qty 26-100	List Price Qty 101-200	List Price Qty 201-500	List Price Qty 500+	Annual Maint	Item Function	Type of Component	Who Purchases?	State Funds Used?
MI00-0EBW0B-B	MorphoDent	MorphoDent handheld with Bluetooth communications	\$1,700	\$1,550	\$1,350	\$1,150	\$950	\$175.00	This device is utilized to perform two-finger Fast ID searches. Mobile devices are required to participate in the Fast ID program.	Hardware/ Software	Any Missouri Criminal Justice Agency	Yes - depending on the purchaser. MSHP purchases and utilizes these devices as well as other local agencies.

**Assumptions:**

1. Assumes installation of MetaMorpho with FIIS, BSV and Fast-ID Matcher
2. Price includes standard application software
3. Price includes a 1-year warranty; warranty starts with delivery of product.
4. Shipping costs additional depending on shipping preference
- 5 All prices included in this attachment are valid through June 30, 2015.
- 6 Price does not include any applicable local, state, or federal taxes

## Attachment H.10

Part Number	Description	Price	Annual/Morp Maintenance *	Item Function	Type of Component	Who Purchases?	State Funds Used?
SORN-00010	SORNA Kiosk + Admin Workstation and Printer	\$30,000	\$4,500	Required for agencies to enable semi-automated sex offender registration process at their agency. These devices are not required; however, three of these kiosk devices were purchased some time ago with federal grant funds for a pilot. Other agencies would like to purchase them as well after the pilot period is over.	Hardware/ Software/ Installation	MSHP has purchased the three pilot devices; however, they will be installed (est. end of calendar year 2014) at Jackson County Sheriff's Department, St. Louis County Police Department, and St. Louis Metropolitan Police Department	No. Federal grant funds were used to purchase the three pilot devices. Subsequent purchases will either be with federal grant funds or by local agencies themselves.
	SORNA Initial State Configuration Fee (One Time)	\$70,000		Initial one-time configuration/build fee.	Software/Development	MSHP - one time	No - federal grant funds.

**Notes:**

1. All prices included in this attachment are valid through June
2. Price includes a 1-year warranty; warranty starts with
3. Price does not include any applicable local, state, or federal taxes

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

April Session of the April Adjourned

Term. 2019

County of Boone

} ea.

In the County Commission of said county, on the 9th day of April 2019

the following, among other proceedings, were had, viz:

Now on this day the Boone County Commission, pursuant to Chapter 139 RSMo, does hereby authorize the Boone County Collector, Brian McCollum, for the 2013 tax bill year, to strike from the delinquent tax rolls, property tax balances on real estate and personal property as follows:

State	\$	540.59
County	\$	4,224.55
School Districts	\$	96,455.20
Cities	\$	6,126.38
Fire Districts	\$	2,124.17
Library Districts	\$	7,203.94
Surtax	\$	1,271.23
Nuisance	\$	325.00
Common Road	\$	887.72
Centralia Common Road	\$	12.98
Total	\$	<u>119,171.76</u>

These 2013 real estate and personal property taxes are stricken for the following reasons:

- After due diligence, the collector cannot locate the owners; or
- Bankruptcy or probate proceedings have intervened making the balances due uncollectible; or,
- The real estate property was not subject to taxation after being acquired by a tax-exempt owner after January 1 of the taxable year.

The above total of \$119,171.76 breaks out as follows:

- Personal property \$ 93,197.20
- Bankruptcy and/or probate \$ 2,285.47
- Tax exempt acquisitions \$ 23,689.09

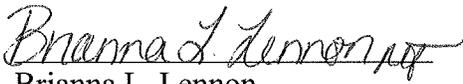
The following tax amounts represent 2012 and prior tax bills that were previously stricken from the delinquent tax rolls in Boone County. The tax amounts were added back to the delinquent tax rolls and collected and distributed to the taxing entities during the period of March 1, 2018 through February 28, 2019.

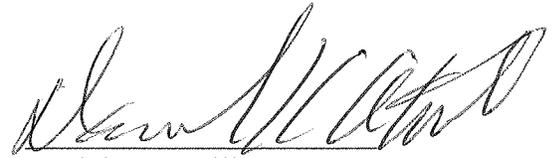
State	\$	21.61
County	\$	170.36

School Districts	\$	3,585.44
Cities	\$	224.12
Fire Districts	\$	164.70
Library Districts	\$	236.01
Common Road	\$	34.50
Centralia Common Road	\$	.82
Total	\$	<u>4,437.56</u>

Done this 9th day of April 2019.

ATTEST:

  
 Brianna L. Lennon  
 Clerk of the County Commission



Daniel K. Atwill  
 Presiding Commissioner



Fred J. Parry  
 District I Commissioner

  
 Janet M. Thompson  
 District II Commissioner

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

April Session of the April Adjourned

Term. 20 19

County of Boone

} ea.

In the County Commission of said county, on the

9th

day of

April

2019

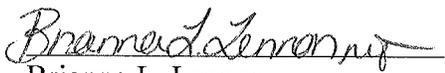
the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby approve the attached K-9 Maintenance Agreement between Boone County and the University of Missouri Police Department.

Terms of the agreement are stipulated in the attached Maintenance Training Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Maintenance Training Agreement.

Done this 9th day of April 2019.

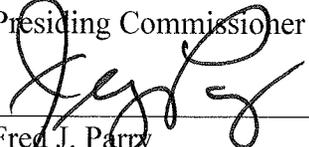
ATTEST:



Brianna L. Lennon  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Fred J. Parry  
District I Commissioner



Janet M. Thompson  
District II Commissioner

## K-9 MAINTENANCE TRAINING AGREEMENT

AF THIS AGREEMENT dated the 9<sup>th</sup> day of April, 2019, is entered into by and between Boone County, Missouri (County), by and through the Boone County Sheriff's Department (BCSD), and <sup>\*</sup>University of Missouri Police Department (Agency):

**WHEREAS**, BCSD can provide K-9 maintenance training through its certified K-9 training staff; and

**WHEREAS**, Agency desires to send its K-9 and handler through the BCSD's K-9 maintenance training program; and

**WHEREAS**, County and Agency have the authority to cooperate with each other for the purposes of this Agreement pursuant to RSMo §70.220;

**NOW, THEREFORE**, it is agreed by and between the parties as follows:

**1. MAINTENANCE TRAINING.** BCSD agrees to provide Agency's K-9 handler and K-9 maintenance training by and through BCSD's certified staff. Training areas will include obedience, narcotics detection, tracking, building search, area search, article search, K-9 aggression control, and scenario-based training. The training shall consist of not less than twenty (20) sessions. Agency will receive a certificate documenting successful completion of the BCSD's program.

**2. EMPLOYED STATUS OF K-9 HANDLER.** Agency agrees that the training contemplated herein is within the scope and course of its handler's employment and Agency will be responsible for all appropriate compensation and the provision of Worker's Compensation coverage to Agency's employee. Agency's handler will execute a Waiver & Release as set out in the attached Exhibit "A" prior to being permitted to participate in the training.

**3. CONTRACT PRICE AND PAYMENT.** Agency shall pay County a total sum of One Thousand Dollars (\$1,000.00) for the training contemplated herein, calculated at a rate of \$50/session. Agency shall pay one-half, or \$500.00, upon execution of this contract and the remaining one-half, or \$500.00, after ten (10) sessions have been completed.

**4. TERM AND TERMINATION.** The term of this Agreement shall begin immediately upon execution of the same for a period of one-year, and may be renewed for two (2) additional, one-year contracts on the same terms and conditions as set forth herein. Either party may terminate this Agreement at any time by providing the other written notice of their intent to terminate at least 90 days in advance of the intended termination date. In the event of a termination, the parties will reconcile the payments paid and/or due based on the number of sessions attended and the rate of \$50.00 per session.

**5. MODIFICATION AND WAIVER.** No modification or waiver of any provision of this Agreement nor consent to any departure therefrom, shall in any event be effective, unless the same shall be in writing and signed by County and Agency and then such modification, waiver or consent shall be effective only in the specific instance and for the specific purpose for which mutually agreed.

**6. FUTURE COOPERATION.** The parties agree to fully cooperate with each other to give full force and effect to the terms and intent of this Agreement.



Exhibit "A"

## INFORMED CONSENT WAIVER AND RELEASE

ASSUMPTION OF RISKS: I acknowledge that participation in the \_\_\_\_\_ [hereinafter the "Program"] involves physical activities which, by their very nature, carry certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. These physical activities involve strenuous exertions of strength using various muscle groups and also involve quick movements using speed and change of direction, all of which could result in injury. These risks range from minor bruises and scratches to more severe injuries, including the risk of heart attacks or other catastrophic injuries. I understand and appreciate that these physical activities carry certain inherent risks and I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

AF WAIVER AND RELEASE: In consideration of accepting my entry into this Program, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the Boone County Sheriff's Department, Boone County, Missouri, and/or its employees and agents engaged by them for any purpose relating to the Program that I have been permitted to participate in. This release and waiver extends to all claims of every kind of nature, whatsoever, foreseen or unforeseen, known or unknown, except as a result of gross negligence on the part of the Boone County Sheriff's Department.

INDEMNIFICATION AND HOLD HARMLESS: I also agree to indemnify and hold harmless the Boone County Sheriff's Department, Boone County, Missouri, and/or its employees and agents all from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, that result from my participation in or involvement with the Program.

Waivers and Releases for minors are accepted only with a parent/guardian signature.

**Signature of Participant/Date**

---

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ca.

April Session of the April Adjourned

Term. 20 19

In the County Commission of said county, on the

9th

day of

April

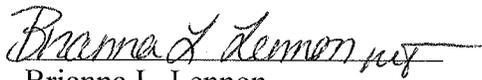
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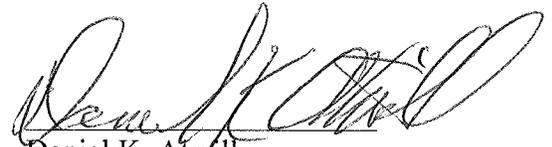
the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby appoint Commissioner Janet Thompson to chair a Bicentennial Celebration Committee to commemorate the establishment of Boone county in 1820.

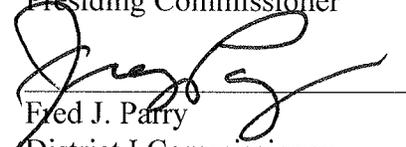
Done this 9th day of April 2019.

ATTEST:

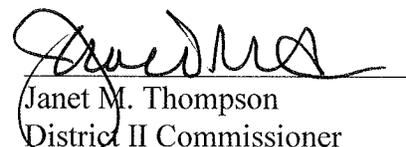
  
Brianna L. Lennon  
Clerk of the County Commission



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